

Expert Group Meeting on Demographic Changes & Ageing of Population in Asia

in preparation for the 30th Anniversary of the
International Year of the Family 2024

Social Sciences Chamber
11/F The Jockey Club Tower
Centennial Campus
University of Hong Kong, HKSAR

30 November - 1 December 2023

Co-organisers:



Sponsors:



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Co-organiser

Centre for Family and Population Research National University of Singapore

The Centre for Family and Population Research (CFPR), established in 2014, is an interdisciplinary research centre in the Faculty of Arts and Social Sciences, National University of Singapore. It is dedicated to the scientific advancement of research and training in the study of trends, determinants, and consequences of family and population changes around the world, particularly in Asia.

CFPR aims to foster cross-disciplinary collaboration between students, researchers, practitioners, and policymakers. The Centre adopts life course and cross-national comparative perspectives. The goal is to contribute to empirically based understandings and policymaking on critical issues related to family and population resilience.

CFPR's vision is to provide leadership in family and population research. The centre's key missions include:

- Promoting cutting-edge, empirically based, and policy-relevant research.
- Providing training in social science research
- Fostering collaborations among academics and policymakers in Singapore, Asia, and beyond.

The Centre for Family and Population Research is represented by Associate Professor Bussarawan (Puk) TEERAWICHITCHAINAN, Co-Director.

Website: <https://fass.nus.edu.sg/cfpr/>

Co-organiser

Consortium of Institutes on Family in the Asian Region (CIFA)

CIFA is an independent organisation providing a regional platform for networking and collaboration among organisations and professionals in Asia who share the mission of “Converging Professional Wisdom for Family Well-Being.” Its function is to support and enhance mutual interests in research and training initiatives, and to exchange clinical experiences and policy formulation on families that are unique to the Asian region.

The Inauguration and Inaugural Symposium of CIFA was held at The University of Hong Kong in 2008, followed by biennial Regional Symposiums in Tokyo, Singapore, Shanghai, Seoul, and Taiwan. Other significant activities include the Family Summit in 2014 celebrating the 20th Anniversary of the International Year of the Family and the Asian Family Summit in 2018 celebrating the 10th Anniversary of CIFA. The CIFA echoes the global effort to achieve the goals and targets of the 2030 Agenda for Sustainable Development as promulgated by the United Nations.

CIFA was granted the Special Consultative Status by the Economic and Social Council of the United Nations in 2021. This gave formal recognition to its efforts in advancing family well-being in the Asian Region, putting CIFA into the international arena.

CIFA is represented by Mrs. Patricia CHU, Chairperson.

Website: <http://www.cifa-net.org>

Co-organiser

Sau Po Centre on Ageing University of Hong Kong

The Sau Po Centre on Ageing is a leading research centre on gerontology in Greater China and the Asian Pacific region. The Centre was officially launched in April 1999 under the auspices of the Faculty of Social Sciences of The University of Hong Kong. With an endowment from Mr. Kwok Sau Po, the Centre was renamed the Sau Po Centre on Ageing in 2002.

Through research, education, and knowledge exchange activities, the Centre is enhancing the quality of life of older people in China, Chinese societies overseas, and in the Asian Pacific region. In particular, we hope to achieve optimal independence of older adults at the individual and family levels; and to foster an age-friendly environment at both community and organisational levels. The objectives of the Centre include:

1. Building the University's research capacity in the studies of long-term care policy, age-friendly city, ageing-in-place, meaningful ageing, active and healthy ageing, and social determinants of well-being.
2. Conducting ageing research that focuses on evidence-based interventions and policies that are empowerment-oriented, family-based, and culturally sensitive; and contributes to synergistic and high-impact knowledge.
3. Forming partnerships with our seniors and community stakeholders to create valuable social impacts on our local community.
4. Exchanging knowledge with international scholars in the field of gerontology.

The Sau Po Centre on Ageing is represented by Prof. Vivian LOU, Director.

Website: <https://www.ageing.hku.hk/>

Co-organiser

Focal Point on the Family, United Nations

The Focal Point on the Family is located in the Division for Inclusive Social Development (DISD) of the Department of Economic and Social Affairs (DESA) at the United Nations Secretariat in New York. It is responsible for assisting with the implementation of the mandates related to family issues.

Its major duties include providing substantive support to intergovernmental bodies, including the General Assembly, the Economic & Social Council, and the Commission for Social Development. It drafts reports on family issues, organises expert group meetings related to family and family policy issues, coordinates technical cooperation activities on family policy issues, and manages the Trust Fund on Family Activities. It also organises the annual observances of the International Day of Families on 15 May and related anniversaries of the International Year of the Family, as well as other awareness raising events at national, regional, and international levels.

Currently, the Focal Point on the Family is coordinating the preparations for the thirtieth anniversary of the International Year of the Family, 2024.

The Focal Point on the Family is represented by Mrs. Renata KACZMARSKA, Social Affairs Officer.

Website: <https://social.desa.un.org/issues/family>

Brief on EGM

The Expert Group Meeting is organised as part of the preparation for the 30th Anniversary of the International Year of the Family 2024 (IYF+30). It is building upon the recommendations to focus on several megatrends as reflected in the Reports of the Secretary General (2020-2021) and endorsed by the General Assembly resolution in 2021 on the preparation for the IYF+30. These include New Technologies, Urbanisation & Migration, Climate Change and Demographic Changes. In accordance with relevant United Nations mandates, the Expert Group Meeting is to address the demographic trends and their impact on families in Asia, with a focus on the Ageing Population.

To echo the call from the United Nations to celebrate the 20th Anniversary of the International Year of the Family (IYF) in 2014, CIFA, in collaboration with the Family Council, Social Welfare Department, and the Hong Kong Council of Social Services of the HKSAR, co-organised the Family Summit with the theme on “Thoughts for Families: From Shared Vision to Joint Action.” This summit involved active participation by representatives from government, civil society, private sectors, and academia. On the occasion, CIFA also published and distributed the commemorative publication on ‘Converging Professional Wisdom for Family Well-Being.’ This was sent to the Focal Point of the Family of the United Nations to introduce the regional platform to promote family well-being. It marked the beginning of networking with the United Nations, followed by its presence at CIFA activities in Asia to witness work on the ground and eventually gaining formal recognition with the granting of Special Consultative Status by the United Nations in 2021.

Throughout the fifteen years, continuous efforts have been made, through organising regional symposiums/family summits and the Asian Award for Advancing Family Well-Being (3A Project). The 3A Project highlights and addresses the issues and challenges faced by families in Asia which have been brought about by rapid social changes. These include to name a few, changing family structures, parent/child and couple relationships, transgenerational issues, work-life balance, mental health, families with special needs and illness, ICT and the family, etc. Most of these issues are examined against the backdrop of demographic changes that have affected the quality and well-being of families. The focus of the deliberations has always been put on evidence-based policy formulation, service development, and good practice, to achieve the Sustainable Development Goals promulgated in the 2030 Agenda for Sustainable Development by the United Nations.

The Expert Group Meeting provides an excellent opportunity to share knowledge, experience, and insights by experts on the significant trend of the Ageing Population, which is currently faced by many countries/regions in Asia, to recommend a way forward for the post 2024 period.

Purpose of the meeting

The primary objective of the EGM is to bring together experts to share, discuss, and explore the issue of the Ageing Population in the context of the megatrend of Demographic Changes. The EGM will explore how these changes relate to and impact the well-being of families in achieving specific SDGs through partnership, including an integrated and holistic approach. These partnerships can promote well-being in old age by developing and maintaining capacities to prevent ageism through intergenerational solidarity and support. Types of ageism, including institutional and interpersonal will be discussed. Regional overviews of active social participation and promotion of age-friendly/all-inclusive communities through advocacy and raising public awareness will be presented to share the social impacts in relevant cultural contexts. Multi-sector collaboration on

care and support and the role of industry and social innovation as well as the importance of policy infrastructure and development of relevant initiatives/measures will also be addressed.

With the onset and prolonged occurrence of the COVID-19 pandemic, older persons have been the most hard-hit group as many in this age cohort are already suffering from chronic illnesses. Some are sceptical about the effect of vaccination and thus refuse to be vaccinated. Those staying in hospitals and residential homes are most vulnerable to infection and deprived of visiting by family members due to social distancing measures. Thus, many are deprived, isolated, and depressed, requiring social support and assistance. Experience and good practice in the midst of the pandemic will be shared and shed light on development of policies and service provision in the road to recovery.

The conclusions and recommendations of this EGM will be reflected in the Report of the Secretary-General on the Preparations for and observance of the 30th Anniversary of the International Year of the Family. It will provide Member States and other stakeholders with expert analysis regarding a number of issues impacting recent family policy developments in the context of the 2030 Agenda for Sustainable Development and relevant General Assembly resolutions.

Agenda

30 November (Day 1)

09:30 – 10:00	Opening Session
	Moderator: Patricia CHU (Chairperson, CIFA)
	Welcoming remarks: Ian HOLLIDAY Vice-President & Pro-Vice Chancellor (Teaching & Learning), University of Hong Kong
	Opening address: SUN Yuk Han, Chris Secretary for Labour and Welfare, HKSAR
	Vote of Thanks: Renata KACZMARSKA Social Affairs Officer, Focal Point on the Family, Division for Inclusive Social Development, Department of Economic & Social Affairs, United Nations
10:00 – 11:30	Session 1: Demographic Changes and Impact on Family
	Moderator: Renata KACZMARSKA
	Presenters: Sabine HENNING Ming WEN Wei-Jun Jean YEUNG
11:30 – 11:45	Tea Break
11:45 – 13:15	Session 2: Alleviation of Poverty among Older Persons
	Moderator: Vivian LOU Director, Sau Po Centre on Ageing, University of Hong Kong
	Presenters: Eduardo KLIEN Shih-Jiunn SHI
13:15 – 14:30	Lunch
14:30 – 16:00	Session 3: Well-Being of Older Persons and Enhanced Quality of Life
	Moderator: Bussarawan (Puk) TEERAWICHITCHAINAN Co-Director, Centre for Family and Population Research, National University of Singapore
	Presenters: Teresa B.K TSIEN Jung-Hwa HA
19:00 – 21:00	Welcoming Dinner at Ming Pavilion (Senior Common Room, 14/F KK Leung Building, University of Hong Kong)

1 December (Day 2)

09:30 – 11:00	Session 4: Enabling Environment and Innovations
	Moderator: Vivian LOU
	Presenters: Emi KIYOTA Shuzhuo LI
11:00 – 11:15	Tea Break
11:15 – 12:45	Session 5: Ageism and Age Friendly Communities
	Moderator: Bussarawan (Puk) TEERAWICHITCHAINAN
	Presenters: Vivian LOU Reuben NG
12:45 – 14:00	Lunch
14:00 – 15:30	Session 6: Partnership in Achieving SDGs
	Presenters: Renata KACZMARSKA Sabine HENNING
15:30 – 15:45	Tea Break
15:45 – 17:15	Session 7: Impact of COVID-19 and Recovery Roadmap
	Moderator: Patricia CHU
	Presenters: Peng DU Mala Kapur SHANKARDASS
17:15 – 17:45	Closing Session
	Closing Remarks on Conclusions & Recommendations for the Road Ahead: Renata KACZMARSKA & Patricia CHU
17:45	End of EGM
18:30	Farewell Dinner at Shanghai Garden Restaurant (Shop 402, 4/F, Exchange Square I, 8 Connaught Road Central, Central)
20:30	Sightseeing at the Peak

Opening Address by Mr. Chris Sun, Secretary for Labour, and Welfare



Patricia; Ian; Renata; and fellow guests

Good morning!

2024 will mark the 30th Anniversary of the International Year of the Family. I am delighted that experts in Asia gather here in Hong Kong to share, discuss, and explore issues on the Ageing Population. It is my pleasure to share with you how we tackle the ageing population in Hong Kong, which presents a huge challenge to our community.

Long-term care services for frail elderly

Like many developed economies, Hong Kong ranks high in life expectancy, with a continuous ageing trend. The Government adopts the policy objective of “ageing in place as the core, with institutional care as back-up” in providing care services for the frail elderly.

Elderly persons’ care needs are assessed by the Standardised Care Assessment Mechanism for Elderly Services implemented by the Social Welfare Department. The elderly assessed as in need of community care services may opt for “home-based” or “centre-based” care services. Services provided to them include nursing care, rehabilitation exercises, “meals-on-wheels”, etc. In 2022-23, community care services benefited approximately 27,000 elderly persons who stayed at home.

While most elders prefer ageing in place, some would need institutional care for health or family reasons. Elders assessed as in need of residential care services may apply for subsidised residential care services. Currently, around 54%, or over 32,000 elderly persons, residing in residential care homes are subsidised by the Government which covers 90% of their cost of living.

In recent years, we have also launched two voucher schemes for community and residential care services. Eligible elderly persons may choose to purchase care services from various recognised service providers according to their preferences and needs. A predetermined co-payment ratio applies based on the means of the elderly person. The less an elderly person can afford, the more the Government will subsidise. The two voucher schemes are meant to make better use of market capacities to meet demands and lessen the Government’s long-term financial burden.

Application of gerontechnology

The Government promotes the adaptation of technology to improve the quality of life and self-care capabilities of the older generations.

We set up a \$1 billion “Innovation and Technology Fund for Application in Elderly and Rehabilitation Care” in 2018 to subsidise care service units to purchase or rent technology products to improve the quality of life of the elderly. Next year, the Government will inject an additional \$1 billion into the Fund and encourage service units to use the fund to procure gerontechnology products suitable for household use and lend to elderly persons and their carers for use at home. With the help of versatile technological products, the elderly can lead a better and easier life.

Active ageing

Other than frail elderly, we are mindful of the “young-old” population with better physical health and mental sharpness; that is why the Government is fully dedicated to active ageing. All elderly persons can seek services from the 213 subvented elderly centres throughout the territory, including counselling, outreach, referrals, social and recreational activities, etc. As of the end of June 2023, these subsidised elderly centres had a total of about 250,000 members.

As the Chief Executive committed in his 2023 Policy Address, we will channel an additional \$80 million into the Elder Academy Development Foundation, to better support our seniors to engage in lifelong learning and foster community integration. So far, the Government and the Elderly Commission have jointly established around 200 Elder Academies in schools across Hong Kong, offering a wide array of accessible learning opportunities to our seniors.

Working in parallel with the Elder Academy Scheme is the Opportunities for the Elderly Project. This initiative creates platforms for our seniors to maintain physical fitness, engage socially, and stimulate their minds. It underscores the positive aspects of ageing and emphasises the significant and ongoing contributions our elderly make to our society.

Cash assistance for the elderly

To ensure adequate financial support for our less privileged seniors, the Government implements a non-contributory social security system for the needy elderly. This system includes the Comprehensive Social Security Assistance Scheme, Old Age Living Allowance, Old Age Allowance, and Disability Allowance. These Schemes cater to the majority of our elderly citizens. As of mid-2023, approximately 1.2 million seniors aged 65 or above in Hong Kong benefited from social security payments, representing more than 70% of the total senior population.

Conclusion

With a rapidly ageing population, our city faces challenges on many fronts, such as manpower shortage, financial sustainability, and land scarcity. The Government's commitment to the comprehensive welfare of our senior citizens remains unshakeable. A large portion of the ageing population at the same time spawns tremendous silver market opportunities. The Government will continue to work with different stakeholders of the community, including you all, to take on the challenges and capitalise on the opportunities ahead, armed with optimism, initiative, and unwavering dedication.

Thank you!

Session 1: Demographic Changes and Impact on Family



Demographic Change and the Impact on the Family in Asia and the Pacific

Sabine HENNING

Chief

Sustainable Demographic Transition Section

Social Development Division

Economic & Social Commission for Asia & the Pacific

United Nations

Biography:

Ms. Henning leads work on population and development, including research, capacity-building, and intergovernmental support at UN-ESCAP. Substantive foci include ageing, migration, youth, and the broader population and development agenda.

From 2000 to 2015, she served in the Population Division's Population Estimates and Projections Section, the Population and Development Section, the Migration Section, and the Population Policy Section. From 2015 to 2018, she was Senior Population Affairs Officer, Office of the Director, Population Division, UN-DESA.

Ms. Henning has been involved in UN interagency work and coordination for over 20 years, including with ILO, IOM, OHCHR, UNFPA, and UN Women, and she has worked towards strengthening engagement with CSOs at both UN Headquarters and ESCAP. She has supported capacity-building of member States throughout Asia and the Pacific. She currently oversees projects in the areas of digital literacy of older persons, policy formulation on population ageing, national transfer accounts, migration data, and health systems. She has co-authored UN reports, such as the [Asia-Pacific Report on Population Ageing 2022](#) and the [Asia-Pacific Migration Report 2020](#), published in peer-reviewed journals, given presentations at international conferences, and serviced numerous intergovernmental meetings and high-level events at UN Headquarters and ESCAP. In 2023, she led the preparations for the [Seventh Asian and Pacific Population Conference](#), which provided the Asia-Pacific input to the 30-year review of the Programme of Action of the ICPD.

Ms. Henning has a Ph.D. in Geography with a doctoral-level certificate in Demography from the University of Colorado at Boulder, and a graduate-level certificate in Strategic Management from Harvard University.

Abstract:

The Asia-Pacific region has undergone significant demographic changes over the past half-century. Declines in fertility and mortality, as well as increased migration within and beyond the region, have resulted in rapid population ageing, more people living in urban areas, smaller family sizes, and larger numbers of internal and international migrants. Many of these changes are a cause for celebration, as they result from socioeconomic development that has affected almost all countries in the region.

Compared to other world regions, population ageing is very rapid in Asia and the Pacific. It is also home to countries with some of the lowest fertility rates and the highest life expectancies at birth and older ages. Given the pace of ageing in the region, countries have less time to adjust policies and programmes to respond to the growing needs of older persons.

At older ages, populations are usually highly skewed towards females. While women live longer, compounding inequalities over the life course can often result in older female populations suffering from multiple vulnerabilities relating to health and poverty. Furthermore, gender-responsive health and social care provisions are not always available in many countries across the region.

Changing patterns in household sizes and structures, with co-residence generally decreasing, are impacting care supply. Multi-generational living is still common in many parts of the region. Nevertheless, as family sizes become smaller, urbanisation increases pace, and attitudes towards care alter, co-residence patterns are also changing. Generally, co-residence has been declining in many settings due to shrinking family sizes. Furthermore, in some countries where lifelong childlessness and non-marriage are increasing, it is likely that more older persons will find reduced familial support networks in the future. Yet, as life expectancies increase, more people of different age groups will be living together for longer periods which will have significant impacts on intergenerational relations.

Slides:

https://hkuhk-my.sharepoint.com/:p/g/personal/nxia_hku_hk/EWZnT85FoldDIngf9ySXuVcBzmBzmChz9AFsvXNkVBDfow?e=duqNb

Presentation:

Good morning. I would like to express our appreciation to the organizers in particular Mrs. Chu, Chairperson of CIFA, Mr. Holliday, who was here with us earlier from the University of Hong Kong, Mister Chris Sun, the Secretary of Labour, and Welfare, and of course, our good colleague from New York, Ms. Renata Kaczmarek focal point on the family from DESA. Thank you very much for inviting the United Nations Economic and Social Commission for Asia Pacific to this very important meeting.

We're just coming off a very big conference, the Seventh Asian Pacific Population Conference that was convened 2 weeks ago. It was an intergovernmental meeting, bringing together over 40 Member States from the Asia Pacific. I will reflect on that a little bit, but the focus here is more particularly on aging, and the situation of families and households, and I will try to present an overview of what is happening in the region.

The region is vast for us at ESCAP, and we must realize at the global level what's happening in the Asia Pacific because 60% of all older persons are residing here. 60% of the total population is residing here. Some countries are very advanced in population aging, and some are just starting. But we have a lot of diversity, and a lot to learn at the global level from what's happening in the Asia Pacific. So, I will try to couch my presentation with that in mind.

Just as a background, The United Nations Economic and Social Commission for Asia Pacific is based in Bangkok and is the regional development arm of the United Nations Secretariat in Asia Pacific. We have over 53 Member States, providing a platform for them to come together, regularly, to discuss issues, and advance agendas, in line with what's happening at the global level. That's why we so much appreciate the close relationship with our colleagues at DESA.

Our work is based on 3 pillars. The intergovernmental pillar is the convening power bringing together the Member States. The analytical pillar, where we write reports to collect data. And then, of course, the technical pillar. Member States are coming to us to ask for support in developing policies, collecting data, and understanding certain issues which is a very important activity for us. It is not just that we are trying to teach people and countries, but we're trying to bring countries together to learn from each other, and the different stages we are in. As I said, there's a lot of diversity in the region, so we provide the platform to bring countries together to learn from each other. That's how we see our role and with the 3 pillars, we are not doing this alone.

At the UN the partners at the global level and regional level are important. I want to recognize UNFPA, ILO, OHCHR, and UNWOMEN. All of these are based in Bangkok, and we work very closely with them on these topics. When we go into a country and support a country, we work with the resident coordinators, the UNFPA, and other organizations. Partnership with academia is important because we want to hear the latest evidence. We want to work with you to advance the agenda. The CSOs a critical partner in all of this; the Population Conference we just convened 2 weeks ago was an open call to CSOs, and over 140 attended, which was a big number for us. Thus, working with CSOs, the non-governmental sector, and those people working on the ground is very important for our work.

The UN Economist Network put out a report in 2020 identifying megatrends affecting sustainable development all over the world, and one of the main trends was demographic trends, in particular ageing. There are other trends as well, to create a sustainable and inclusive world for all of us, we need to focus on what's happening in terms of population trends.

Now, if we look at what is happening in Asia Pacific, and what has happened in Asia Pacific, it is really remarkable how the countries in the region have changed over the last 50 to 60 years.

The data on life expectancy and total fertility shows a decline in total fertility from about 6 children at the regional level in 1960, the latest data from WPP (2022 World Population Prospects) indicates 1.9 total fertility in the Asia Pacific. However, we know total fertility is actually lower since WPP came out in 2022, but it is still the reference point. For example, in Thailand, we know that the numbers are currently lower. There's a new set of estimates and projections coming up next year, and numbers will be revised. Life expectancy has significantly improved and it's now at about 75 years in the Asia Pacific, increasing from 43 years in the 1950s.

Since the region is so vast, we look at sub-regions within Asia and Hong Kong. In northeast Asia, you can see the graph for that sub-region has even higher total fertility, at a little bit higher than 6 in the 1960s, but a significant decline is experienced there as well in terms of fertility.

Now, when we look at the replacement level, 4.7 billion people are living in the region today, and about 80% of 26 countries have a total fertility that is lower than the replacement level. Thus, 80% of the population in Asia Pacific already has a fertility rate below replacement level. This trend is expected to continue and is a significant change that affects all aspects of society.

Although there are concerns, and ageing societies pose a major challenge, a longer and healthier life is an achievement to celebrate and be proud of. It is a result of sustainable and economic development, better nutrition, food, and medicines. All of that in combination has brought us to this point, and something we really need to recognize as positive.

There are challenges, and we don't deny them, but we need to find ways to address the challenges positively. This way we can make good use of all the older persons who are with us and want to continue to contribute to society. So, let's think about ways forward and not only think about the challenges and the obstacles.

The age structure has changed in the Asia Pacific as well. I'm just starting in 1990, but if you go even earlier, you see even a broader base of the pyramid, representing a large percentage of younger people. Now it's changing more to a rectangular shape, where you see fewer, younger people and more older persons, and you'll also see that it's skewed towards women. So, the share of the women of the population that's female and older is significantly higher. Something we should remember when we talk about policies is the gender aspect.

Let's look again at the age structures, comparing numbers for adolescents and the youth and the working age. If you look at 2023, right in the middle, you already see that for Asia Pacific, the number of 15- to 24-year-olds is about the same as the number of 60-year-olds. By 2050, it's projected that the number of 15- to 24-year-olds will decline slightly, but the number of the 60 plus will double to 1.3 billion. The young are still growing, but they will eventually decline. The working-age population is a very important aspect, affecting economic growth, etc. That's the graph on the right.

When comparing 15 to 59, if that's how you want to define working age, to the 60 plus you see that the number of the aging population is continuing to grow, and the 15 to 59 will eventually decline. That's something countries have to address.

We calculate that the working-age population will reach its peak of 3.3 billion by mid-2030, and it will then start to decline at the regional level.

Now, this is something that is also addressing the topic of the family. The family is a very important aspect, and we need to think about aspects such as multiple generations living together. What I did in this graph for the Asia Pacific is group them according to young people, working age, and the elderly. Then I took a little sliver out of this, and I put it on the right. You see the numbers there. The point I want to make is that we have now a time where the share of the different age groups is much more balanced, we have a lot of people in different age groups living together.

In the 1950s there was a large share of young people, and very few older people, especially the oldest old. Now, as you move to the right and look at the values for 2100 you see a representation of people in all age groups living together, and the numbers are more balanced. The focus should be on, how we make intergenerational relations work and benefit from each other. Let's not just talk about young and old and put them against each other. Let's think about how they can work together and benefit from each other.

This is a graph for the Asia Pacific, I did this for Hong Kong. The numbers are even starker also in terms of population over 60. But it's a similar story, intergenerational relations are our future, and that's something we need to focus on.

We heard about focusing on countries that are at different stages of development. This is, for example, a graph showing the household sizes in Asia Pacific and overall. There's still a relatively high percentage of over three persons per household, and you see some differences. You see, for example, Pakistan, Nepal, Bangladesh, relatively high numbers still. But what you also see in this graph is the decline showing that household sizes are shrinking, and that's something we have to address as well.

Now, what are the lessons learned from this part of the presentation in terms of age structure? We have seen that countries are going, and half have already gone through the demographic transition and population aging has been very rapid. Comparing Asia to Europe or Northern America really shows that it was much faster here in the Asia Pacific, and still is.

For countries and their percentages, you can use them to classify a country as aging, aged, and super-aged. If you look at these criteria, you can see that for many countries here it's taking them 20 to 30 years to transition from aging to an aged society.

In the global north it has often taken a century, comparatively in the Asia Pacific it's so much less time, which means there's so much pressure on policymakers and societies to address this.

The oldest olds are increasing as well, as we saw in the Pyramids, it doesn't stop at 80. Life expectancies are calculated for above 80, so the oldest old is another segment of society that we need to recognize.

I mentioned the gender dimension, and intergenerational solidarity meaning living together at the same time is a challenge, but also an opportunity.

I'm now focusing on the situation of older persons. There are about 697 million people 60 plus in Asia Pacific, and the number will double to 1.3 billion by 2050.

You see that across the regions of Asia, East and Northeast Asia still have very high numbers, but you also see South and Southwest Asia. Still, many countries in that region are very young, but coming up, and becoming very important. 501 million by 2050. So large numbers there.

If you look at gender in Asia Pacific for the older population, you clearly see that it's the women, and we need to remember that.

Let's talk about health and the situation of health gains in terms of life expectancy. What I did here is I looked at the countries with the highest life expectancy at age 60, the ones on top of that list, and the ones at the bottom, and I looked at the female advantage, by how many years are women outliving men? You clearly see Hong Kong as one of these countries with really high numbers of years to be expected to be lived by a person 60 years plus; 26 years for both men and women once you reach 60 and we see that there's a female advantage of about 4 years for Hong Kong. You see this in other parts of the region as well. If you look at the other side, just pointing out that in India, for both men and women, life expectancy at age 60 is 16 years, and the female advantage has been reduced to 1.8 years. There are differences across the region depending on where you are. Life expectancy is growing, but women are not always benefiting as much as they could in some parts of the region compared to other parts.

There's something called a healthy life expectancy, where you take into account the role of health, and illnesses affecting overall life expectancy. The bottom line is that women live about 5 years of their older ages in poor health. They have to deal with disabilities, illness, etc. So, let's keep in mind that while they're living longer, they're not always in full health.

Just pointing out that disabilities and chronic diseases are on the rise in Asia and the Pacific and affecting older persons. We talk about healthy aging which is something we can address early on when we talk about healthy aging. It should be a life course perspective that doesn't start at 60. It starts when you're young and builds up, therefore, preventing chronic diseases, which is an important point.

Just a few aspects of the social economic situation of older persons. Many countries in the Asia Pacific don't have social protection and therefore people, especially older persons, are left having to continue to work, especially in the informal sector. This is the data from ILO which shows you that women especially, need to continue to work, and about half of the regional populations are not covered by even one social protection scheme. Posing a very significant challenge for the region.

This is pensions, which goes along with the social protection scheme. Again, pensions are not very common in the Asia Pacific. It's especially affecting women who have dropped out of the labour market because of caregiving roles, there is very little coverage for them in old age. Women are also less likely to be in the formal labour market because of disadvantages they have experienced over the life course. When we talk about pensions, we're talking about something that should be contributory, but a combination also of non-contributory pensions. It should be social protection, that is universal, giving everyone a chance to benefit from it. There are many examples from the region where people are experiencing catastrophic expenses, due to healthcare needs that they have to cover out of their own pockets. The out-of-pocket expenses to cover health care are extremely high for many people in the region because they don't have coverage.

When we talk about long-term care we are advocating for community and rights-based care, and integrated care, not thinking about one type of care or another. But rather thinking about how these issues come together.

Internet, access, connectivity, digital divide. There is a great digital divide in the Asia Pacific. Within this, there is a gender digital divide. Older women in particular are left behind in terms of connectivity. These are just some numbers on them.

In Asia Pacific people are still living in the family. Intergenerational households are very common, especially if you compare them to other parts of the world. But we see a decline in this, especially with migration, urbanization, people having fewer children, and even people being childless. All of this is affecting the future of care for older persons. Thinking about how to address this, there are a few good examples from the region. In Bangladesh, society views the role of children as still being required to look after and care for their older persons. Bangladesh and India, have laws that tell younger people that they are responsible for looking after their older persons. There are examples from Japan and Singapore as well showing some good practices of how countries are supporting younger people to look after their parents to make intergenerational living a possibility.

These are overall recommendations: emphasizing the importance of decent work for all people over the life course. It is very important to have social protection pensions, all of this being flexible in retirement ages. In the Asia Pacific, more often for women, people are asked to retire at a relatively young age like 55 and 60. We need to allow people to stay in the workforce longer, fight age discrimination for people in the labour market, allow older persons to work, and invest in re-skilling and upskilling. By giving them skills, they can continue to work, because often, if they don't do that and if there's no social protection they're left on their own. They have to go to the informal sector and work there which is very hard, so there is room for improvement in that area.

I talked about social protection, and universal health coverage overall. Let me conclude with this, regional corporation data is important for us to learn from each other, to share data, to share information, and to work with CSOs.

Summary:

1. Rapid population aging in Asia-Pacific: The Asia-Pacific region is experiencing a significant demographic shift with rapid population aging, affecting various aspects of society, and presenting both challenges and opportunities. Intergenerational relations and healthy aging are crucial areas to focus on.

2. Social and economic challenges for older persons: Many countries in the region lack adequate social protection and pension schemes, leading to a continued reliance on work, especially in the informal sector. This situation disproportionately affects older women, who face additional challenges due to caregiving roles and reduced access to the formal labour market.

3. Social protection, healthcare, and decent work: Policymakers should focus on providing decent work opportunities for all ages, ensuring universal social protection, and promoting flexible retirement ages.

Recommendations:

1. Encourage intergenerational living possibilities by supporting younger people to care for their older family members. Good examples from Bangladesh, India, Japan, and Singapore can be used as a guide.

2. Invest in re-skilling and upskilling to allow older persons to stay in the workforce.

3. Improve social protection and universal health coverage, with a focus on regional cooperation and sharing of data and information with civil society organizations.



Patterns, Sources, and Implications of Living Arrangements among Middle-aged and Older Adults in China

Ming WEN
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Biography:

Ming Wen joined the University of Hong Kong in the Fall of 2022 as the Dean of Social Sciences. She started her academic career at the University of Utah in 2003, where she rose through the academic ranks to full professorship in 2013 and chaired the Department of Sociology from 2015 to 2021. She is currently Deputy Editor of the *Journal of Social and Behavioral Science*, the medical sociology flagship journal at the American Sociological Association and served as a Standing Member for the National Institutes of Health (NIH) Community Influences on Health Behavior study section from 2013 to 2017.

Wen is a population scholar studying the social determinants of health and human development across the life course, with broad training in sociology, epidemiology, and statistics. Her US-based studies have examined the place and family effects on various health and lifestyle outcomes across the life course. Her recent China-based work focuses on how family rural-to-urban migration plays a role in child developmental outcomes and how living arrangements and socio-relational characteristics affect health and well-being among middle-aged and older adults. Wen has published prolifically on social contexts of population outcomes in top-specialty or top-generalist journals such as *Demography*, *Social Forces*, *Social Science & Medicine*, *Journal of Gerontology*, *Child Development*, *Milbank Quarterly*, *Social Science & Research*, and *American Journal of Public Health*. Her research has been widely cited and generously funded by the NIH and various private foundations.

Abstract:

In societies where the population is rapidly aging, it is crucial to study the living arrangements and health of middle-aged and older adults to gain a better understanding of their well-being and to develop policies and interventions to promote healthy aging. In this webinar, Professor Ming Wen will discuss the changing patterns of living arrangements among older adults in China, including the contextual factors that contribute to these patterns. Drawing from her research and literature findings, she will highlight the implications of different living arrangements on the health and well-being outcomes of older adults, including cognitive and psychological health, functional status, and sleep outcomes. She will also discuss potential areas for future research that require further attention and investigation.

Slides:

https://hkuhk-my.sharepoint.com/:p/g/personal/nxia_hku_hk/EdXARurFBM5EIk5pwAWER4BHArI6kOzZdNyvMJMCG7ICQ?e=rMVRkl

Presentation:

Hello, everybody. Thank you so much for having me here and just quickly I wanted to echo what the previous speaker mentioned. This is such a fabulous opportunity for us to gather here and exchange ideas, and I'm particularly happy that this meeting is occurring on the HKU campus, especially in our beautiful chamber. Our faculty of social sciences at Hong Kong U just recently established a new population research hub in October. So, we're in the middle of developing and organizing lots of events. This is part of the initiatives to strengthen population-related research, particularly from interdisciplinary angles, and hopefully find synergy across spaces, regions, different departments, and units in society. We hope to do this with organizations like the family center.

Okay, so for my talk I'm focusing on China, particularly on living arrangements. We heard a lot about the aging trend and China is part of this solid trend. One particular feature of the rapid aging in China is the share size of older people in the population and it was also mentioned that the dependency ratio, as a result, obviously is going to increase as well.

I have 3 parts here. The first one is the general patterns of living arrangements among older adults in China. So basically, the general trend has been downward in terms of Chinese household sizes reduced from 5.6 people per household on average in the 1930s to 3.1 in 2010. Generally speaking, in terms of living arrangements, patterns around older adults aged 65 and older, the proportion of older adults living alone, or living with a spouse, has substantially increased in the past 20 years. The proportion of older adults living with children which is a traditionally dominant living arrangement, which may still be the most preferred living arrangement for the majority of older Chinese, has been declining.

Okay, these are the pictures stratified by urban and rural areas. The general conclusion here is that similar trends are observed for both rural and urban, but in rural areas, the decline of co-residence and increase of independent living has been a little bit slower. But for both regions, the co-residence problem is still the highest, but the trend has been weakened.

There are also emerging or alternative living arrangements. Sometimes we see a couple living independently, or a person living independently in later life, but they actually have children living close by. So, as you can see from this table, 34% of people, even though they may be living independently, they do have children living close by.

As I just briefly mentioned, the preference is still pretty strong. There's still a high percentage of older adults who prefer to live with their adult children, but the dream and the reality sometimes do not match, it seems like nearly 64% would say that their dream has come true, but 36% of them are not living in their preferred arrangement.

The paper showed the living arrangements by age group among older adults, particularly. They found the increase in independent living arrangements was most salient among people aged from 80 to 89. However, people in extreme old age of 90 or above are still more likely to remain in the traditional coresident living arrangements, partially or indirectly. This means that filial piety may still be strong, culturally speaking, in today's China, even though many people are saying it is becoming weaker than before.

Okay, so a little bit about other countries focusing on co-residence problems here. For men in China, there is the prevalence of co-residence slower than in economically developed areas like Japan, South Korea, Taiwan, and Singapore which is always interesting. Maybe Professor Yeung will talk more about Singapore; they are very developed, but they're also pretty traditional in terms of living.

It's interesting. The problems are higher in women, but also similar to men. It's also you know; higher than the economically developed areas we covered just now. And now that the question is, why are we seeing these kinds

of trends? Contextual factors are driving these kinds of changes and I'm going to briefly talk about these contributory sources. So, in terms of policy, perhaps the most important one is the one-child policy implemented between 1979 and 2015. This kind of policy promoted the small family culture and largely reduced the family's capacity to support older people. This is the famous phenomenon of China's sandwich generation, one single child, 2 parents, and 4 ageing grandparents.

There are other policies, such as the pension distribution scheme in rural China. Rural-urban disparities are huge in terms of socioeconomic resource patterns and in particular social welfare and pension. China has put forward these kinds of new schemes. It's very helpful but people say that the support level or the number of resources accessible to older people living in rural areas remains to be small and inadequate. There are laws trying to protect older people's family support, but it's hard to legalize your children's love for you. Right?

The socioeconomic development, urbanization, and migration in China have been extremely successful in the past 40 years in terms of economic development and modernization. As a result, we see a rapid urbanization trend and probably the largest internal migration in human history.

So as one of the results of, all of these economic, migration, and urbanization trends, we see a growing prevalence of skip degeneration households. This is also an alternative emerging living arrangement with the total prevalence from one data source being nearly 11 percent.

If we look at the differences by whether you have a child being a migrant. Then obviously, adult children's migration, adult migration is one of the reasons we see the increasing trend in skipped generation versus 5% without adult children.

Housing, obviously, many times living arrangements are not just out of choice, it's out of constraints. Previously, it was very hard to live apart because of the housing shortage. However, the 1990s housing reform in urban areas made it vastly available for older people or younger people if they're willing to not live together.

We must mention cultural changes because of globalization and economic development. China has seen lots of cultural changes that are relevant to living arrangements and increase the sense of individualism, increase the sense and demand for autonomy, not just for young people, but also for older people. They just want to live in a more autonomous, independent way as a cultural trend.

Also, this is an interesting phenomenon, the child has become the center of the family, partly because of the one-child policy and also because the significance of the power and attention that elders, the parents the grandparents are receiving has been declining. This doesn't mean filial piety is gone. It remains to be a quite prevailing norm in today's China.

In terms of familial trends, we are seeing delayed marriage, decreased marriage, and increased divorces; these trends are relevant for family formation.

And now we're seeing lots of headlines like this. Chinese millennials aren't getting married, and we're worried. Marriage declines in China as young Chinese choose dating but do not get married. Average marriage age is delayed, etc. Stop backing, right? I heard it a lot, actually from my own friends' children, "So don't talk to me about this".

I've just covered a policy part of economic housing, cultural trends, and family changes. The trends are strong, and probably we're not going to see too much change in them. Living alone and living independently are growing, and co-residence is declining.

What do we do? As a researcher we are interested in the implications of living arrangements on health and well-being, generally speaking, this literature is emerging and rapidly growing. But there's no consensus from this literature, and if there is any, maybe living with a spouse is a good thing, regardless of whether you're living with children. That's to some extent overlapping with marital merit. Living with a spouse is good but other than that there are diverse sets of findings from different studies. I'm just going to quickly go through cognitive psychological, and functional health and maybe manifest data by biomarkers.

Okay, so this is a study we conducted several years ago exploring how living alone mattered for psychological health, measured by happiness. Let me just quickly show you the interaction plot. We looked at depressive symptoms and also cognitive health measured by word and math tests. So, for this figure, you can see that if you're married, it's probably okay for you to live alone, and because there's no difference in terms of depressive symptoms there. But if you're not married, living alone is detrimental to your levels of self-reported happiness.

This is the second interaction plot. This is for its cognitive measure, for women it's probably fine to live alone or not; it's not affecting your cognitive health. But it's particularly important for men. That's only for math skills because we also tested them in terms of verbal for women. So, mix the picture variation there.

This is a study conducted by colleagues. They found living alone has different kinds of health implications that can be good or bad; for loneliness, life, and satisfaction living alone is a detrimental risk factor which is similar to what we found on happiness. But for other aspects, like cognitive health, disability, function, and mortality, it seems like living alone even has some protective factors. They went on to see some mechanisms, and they found, that the premium on longevity of living alone in China was partly due to their intensified social participation outside upholding.

To summarize some of the findings, living alone was associated with the lowest odds of disability. So, this is also a beneficial effect for living alone but for our functional health.

Skip-generation households is another topic that our team and my colleagues have studied. So, the general finding in our study, using nationally representative data Peking University conducted, was that grandparents living in skip-generation households in China were a risk factor for happiness. However, the other 2 studies did not replicate. Of course, they were using different data and different outcomes, and for this, it was self-rated health. They didn't find a differentiation by living in, skip-generation households, and this one is focused on biomarkers. They found little health deficits with living alone and living in skip-generation households.

Just a very quick note that nearly all of the studies I found are using data from these 2 data sets from China. So, I feel it's probably time for researchers to collect new data from new angles, particularly in terms of some of the future research topics like focusing on more of these new emerging living arrangements.

Yes, we're talking about natives here and there, productivity ratio. But these people, especially nowadays these young older people are so energetic and healthy. They look young, useful, you know, how can we cultivate these vast amounts of resources for the society by norms and also best factors?

Summary:

1. Prof Wen discussed shifting living arrangements for older adults in China in her presentation, highlighting the increase in independent living and the decrease in co-residence with adult children. However, co-residence with children has declined in the past 20 years. Specifically, the preference for living with adult children remains strong among older Chinese adults.
2. Various factors contribute to trends of changing living arrangements among older adults in mainland China, including policy changes (e.g., the one-child policy), socioeconomic development, urbanization, cultural shifts, and family structure changes.
3. The impact of living arrangements on older adults' health and well-being is a growing research area with mixed findings. For example, living with a spouse may be beneficial, while living alone may have both positive and negative effects depending on the specific health outcome.

Recommendation:

1. There is a need for new data and research exploring emerging living arrangements among older adults in China and their effects on health, such as skipped-generation households, living with adult children only, and old-age migrants' living arrangements.
2. Future research should focus on examining the causal pathways and exploring the moderating and mediating effects of living arrangements on health.
3. Mixed-method studies are needed to understand the experiences of living in different arrangements for different sociodemographic groups of older adults and intervention studies are urgently needed.



Healthy Longevity and Productive Aging

Wei-Jun Jean YEUNG
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Biography:

Wei-Jun Jean Yeung is a Professor at the Yong Loo Lin School of Medicine at the National University of Singapore (NUS) and Director of Social Sciences at the Singapore Agency for Science, Technology and Research (A*STAR). She was a Provost-Chair Professor in the NUS Department of Sociology from 2008-2023. Professor Yeung is a leading expert in social demography, family studies, and social inequality. She is the inaugural President of the Population Association of Singapore and the founding Director of the Center for Family and Population Research at NUS. She is also the President of the International Chinese Sociological Association. From 2018-2021, she was a council member of the Asian Population Association. Professor Yeung has received many prestigious awards and led national surveys on family and children's well-being in the USA, China, and Singapore. She has served on the editorial boards of many leading international journals, served on numerous international scientific review committees and advisory boards, and consulted with various international organizations. She has published extensively in leading journals and is cited widely in academic publications and high-impact global media. Her publications include volumes *Family and Demographic Transition in Southeast Asia*, *Family and Population Changes in Singapore*, *Productive Aging*, *Family Policies and Care Regimes in Asia*, *Long-term Care in ASEAN Plus Three*, *Living Alone in Asia*, *Aging in East Asia*, *Young People in Uncertain Labor Markets*, *Migration and Marriage in Asian Contexts*, *Emerging Dimensions of Marriage in Asia*, and *Family and Economic Stress in Asia*.

Abstract:

Professor Yeung will start with an overview of the first and second demographic transitions and the unique characteristics of the aging process in Asia. Overall key changes in Asia include a decline in fertility and mortality, a lengthening of life expectancy, a slowing of population growth rate (decline in some countries), a decrease in working-age population in some countries, delay or forgo of marriages, an increase in divorce and cohabitation, and rapid increase of migration – both internal migration and international migration. A combination of these demographic changes has led all populations to age, though at different times and speeds. Unlike the Western societies, the aging process in Asia differs in its pace, magnitude, socio-economic, demographic, and cultural contexts in which it occurs, and the less generous public regime than the Western societies. She will discuss how these demographic and social changes affect the forms and functions of the family that are relevant to aging and mention how that may hamper society's ability to achieve some of the Sustainable Developmental Goals including poverty reduction, good health and well-being, gender equality, decent work, sustainable cities, and communities. Finally, Professor Yeung shares some promising policy strategies for addressing the aging challenges that countries face, namely, the concept of Productive Aging which views older adults as assets that benefit society with their longer healthy life expectancy and rich human capital. She will show some best practices using Singapore, Japan and Taiwan as examples including changing social norms, housing policies, skills development programmes, adjustment of retirement ages, developing an integrated care system, enhancing preventive care, and so forth.

Slides:

https://hkuhk-my.sharepoint.com/:p/g/personal/nxia_hku_hk/EdgyMifp9ftOpttBnje0ehkBXPbRSdwttDtily7alxSJ3A?e=CstGw1

Presentation:

Morning. Everyone. Thank you to the co-organizers for inviting me here for this very important and meaningful conference. Thank you, Mrs. Chu. Vivian, Puk, Renata, and Professor Wen.

Following the first 2 excellent presentations by our 2 speakers, I'm going to talk about healthy longevity and productive aging today.

Key demographic changes that we have heard already, and just a quick recap on the fast decline of fertility and mortality, and the lengthening of life expectancy that happened in the first demographic transition. Of course, all this happened in the backdrop of very fast socioeconomic changes, as well as changes in ideology, social norms, and preferences in people's meaning attached to marriages, and parenthood.

So, accomplishing that trend is the delay of pogo marriages, qualification and divorce increase that further brings the fertility down. All of this, then, results in this very rapid population aging in Asia and we see a decrease in the working-age population in some countries, and a slowing population growth and even decline in some of the countries too. Very importantly, I think, in Asia this very rapid increase in migration, both internal and international is important to pay attention to.

I want to highlight some of the unique aspects of Asian countries, in their Asian experience. We heard our first speaker talk about how big Asia is, 60% of the whole world, because we have a lot of large countries here. (The ageing experience), which takes maybe hundreds of years (in other countries), 60 years in the United States, takes less than 20 years in many of the countries (in Asia). The economic and social development context is important to pay attention to because a lot of countries here get old before they get rich, which is very different from the European countries' experience and cultural expectations. Here we have so many religions that have different values, but overall, they do like children to take care of the old people and rely heavily on family care. Public policy-wise, we rely also on family a lot, and in general, the welfare policy is less generous than in the Western world. In terms of the aging population, patterns are very diverse. So, when we talk about Asia, everything is not the same, they're actually quite different. So, these are the important contexts, we need to pay attention to. There is one example we've already heard of the big fertility decline in Asia. But if you look at different regions in Asia, such as East Asia, Southeast Asia, and South Asia, they're quite different, even though they're all going down. In East Asia, (the total fertility rate) in every country is going down to clustering around 1 or below 1. In South Asia, you see a much wider range with Singapore, looking very much like the East Asian countries, but with other countries like Lao, Cambodia, especially East Timor, there's still a high total fertility rate above 3, actually, and around 3. If you look at South Asia, such as Pakistan and Afghanistan, we're still talking about 4 point something. And yeah, a little bit lower than 4 even though some of the countries have already gone down to 1.5. So, you can see some of these countries have really huge drop within just a few decades. East Timor, for example, dropped so quickly from 7 to almost 3 within such a short time. But their economic situation is terrible, poverty rates are really high. So, there are countries that can handle things much better than others.

In terms of life expectancy, we're seeing East Asia pushing close to 90 already and then Southeast Asia, you have a wider range again, you that Myanmar close to 70, and then in South Asia we're still seeing Afghanistan at 65. So, we're talking about a 20-year difference between the highest and lowest countries in terms of their life expectancy. As a result, their aging experiences are very different. We have Japan that's been super-aged for a long time already, and most of the East Asian countries are pushing to super-age population imminently, for other countries, especially in South Asia, for example, Sri Lanka is over 10% already, 65 plus population are mostly under 5%. Of course, here the social economic development is much worse. You need to keep in mind the diversity and how differently able each of them is to handle this aging experience.

We've already heard that the family size has been going down and living alone has been highlighted several times by the 2 previous speakers. The red bars are Asian countries and the blue bars Western countries. So, let's also remember that this is not something new, Western countries have been experiencing this for a long time and they have handled it, so there's something we can learn from them. In Finland, for example, 43% of homes have only one person living in them. In Asia, we have Japan and South Korea always leading in this living-alone situation. Other countries are much smaller, but again rising very quickly.

The situation in China, according to our projection, moving forward from now is about 18%, the small family scenario, which looks most likely, there are going to be 26% of them by the time of 2050, so it's the fastest growing family type in China, and in other countries, too.

And what's most important is that the oldest old population 80 and above will be increasing 3.2/3 times. That is, this is population that needs most long-term care, a lot of intensive care.

So other changes that has already been mentioned. Because of migration, a lot of things left behind elders and skip generation that have been mentioned. This is important, because when we talk about sustainable development, we often talk about urbanization. But in rural area there's a lot of high poverty, a large older population, especially older women that are at risk of poverty.

Single families and stepfamilies are going to complicate the family's ability to support the older population. Women are less available as caregivers because of their labour market engagement, but they still have multiple demands in taking care of everything, including domestic work and caregiving.

Without children, we have heard that the same. Sandwich generation, they are facing a lot of labour market uncertainties, so the limits of their ability to support the older population are very clear. Then social norm wise we have evidence that shows that the weakened filial piety decreases the intergenerational transfer to older adults in terms of both monetary and time transfer. The big change is the technology that could probably help save the day for some of these aspects, not a lot, but something that we have to pay a lot of attention to.

Institutional and cultural lacks will affect families' ability to help this society achieve some of these sustainable development goals, including poverty, providing good health and well-being, and quality of education. Older adults have been left behind in learning new things, especially the silver and digital device. It's important to pay attention to gender equality. Older women are disadvantaged in so many different ways, and everyone needs decent work and economic growth. The retirement age is still there. I'll show you a little bit more about that. But job opportunities and decent working conditions are important, and not always available.

Reduce inequality. Older adults often receive lower state investment in many different countries and their ages, and yet that is all over the place in society.

Sustainable goal, 11 sustainable cities and communities. We have other speakers. We talked about that. But that is something that we need to pay attention to.

So here I'm going to talk about this emerging, developmental strategy called productive aging that views older adults as assets rather than as a burden to society. This is a policy response to changing, shrinking labour market and the family structure change that we have been talking about. And then it's a way to reap silver dividend and then how to figure out how to effectively engage older adults, to ensure positive outcomes for individuals, families, and communities.

So different from successful aging and active aging

Active aging actually focuses on stressing the social integration of older adults and what contribution they can make to the family, community, and society.

Defining productive ageing, of course, is not easy, but consensus has been emerging. That means engaging in meaningful activities that provide value. This value could be intrinsic and extrinsic, and they can be paid or unpaid, too. And more recently, this includes self-oriented, so self-development and learning are part of it, too. in addition to market activity, caregiving, and volunteering

But the earliest literature by MacArthur, research has shown that these kinds of activities can contribute to good health performance. Set of actions live and all that. Of course, it effectively means reducing the costs of physical and mental illness in later life. This has been practiced in many countries, including China and Greece. I'm glad that Prof Du Peng here has done a lot of work on this, too.

I want to look at retirement age. By now most of the OECD countries have changed to about 67 and above and expected to keep going up.

However, here the retirement age tends to be lower. A woman in China is 50 or 55 depending on your jobs. Vietnam is the same. Pakistan is the same. Sri Lanka is even lower. You can see that the woman asked to retire earlier because they have to take care of the other family members.

So, our research on adjusting the retirement age shows that it would increase human capital a lot, postponing 5 years, will add an average annual gain of multi-million men and women per year in terms of their labour, and then many of them would be high human capital, meaning more than high school education, and a healthy person. Particularly for women, because in the past 3 to 4 decades their education has been increasing a lot. So,

they add a high human capital labour market, and then they increase the worker-retiree ratios by almost more than half.

So, most of the research on productive aging has been done in the Western world. And then a few years ago I co-organized a special issue on social science and medicine for about 20 articles in Asian countries, with vigorous methodologies to look at Asian countries. What is the situation here? One of the things that we found that is distinctive from the Western world is that gender differentiation is much larger and clearer in Asia than in other countries. So, in Korea, India, and Vietnam all of the women tend to do unpaid caregiving work and men tend to do paid work. It's also very important to take a life course perspective that's been mentioned several times already. We show that growing up in a neighbourhood with higher cohesion is positively associated with volunteering, this altruistic social behaviour is shaped from childhood. So, it's very important to pay attention to a life course perspective. We found that better infrastructure facilitates in a community is very positively correlated with these kinds of activities. Volunteering is very, very clear for all the countries we have looked at, Hong Kong, Singapore, Korea, Taiwan, Shanghai, and Australia, to have a very positive impact on mental health, but not so positive on caregiving activities. Several articles in China, Thailand, and Taiwan found negative impacts on older adults taking care of spouses who are ill and grand grandchildren, and so on. So, something to pay attention to.

Some best practices in Singapore have already been set in Hong, Kong, Taiwan, Japan, and many other places. But I want to give some examples. First, Singapore has also been pushing the retirement age back, and there's a huge push in human capital development. There's a National Silver Academy that creates many, many courses for older adults. There we found that lifelong learning is very good for enabling older adults to engage in productive activities. There's a very big push by the President, and former President to champion senior volunteerism to try to engage them in contributing to society. There's a big push in community engagement, encouraging people to be active, have healthy lifestyles, and also integrate health and social support systems. There's encouragement for seniors to give back a donation and encouragement for corporations to hire and train older adults. And there are also housing grants that, a previous speaker mentioned. If you live closer or live with the parents, you get a bigger subsidy for housing.

Most recently there's a health care SG initiative that focuses on preventive care assigning each elderly person to a primary care doctor, doing all kinds of screening, and so on for preventive care.

So, in summary, it is not just important to pay attention to how long people live and extend their life longevity but want to make them as healthy as possible while they live, and productive aging is a nice useful concept to have. Of course, there are other different methods, too. This is what I'm focusing on.

I think, overall, there is a need to be a lot more flexible in terms of retirement schemes, they should not be so rigid and attention to poverty, especially in older women, and rural areas. Pay attention to life-long learning providing a more friendly and inclusive environment for multiple generations to live and work together. We have heard that for the first time, we have 4 generations living together and working together. The multi-generational kind of setup is something that we need to work on. Thank you very much for your time.

Summary:

1. Prof Yeung discusses the demographic changes in Asia, including the decline in fertility and mortality rates and the resulting rapid population aging, which vary across different regions in Asia.
2. It highlights the importance of paying attention to the diversity in aging experiences, social and economic development, and cultural expectations across Asia.
3. The concept of productive aging is introduced as a policy response to the changing labour market and family structures, emphasizing the engagement of older adults in meaningful activities that provide value to society.
4. Best practices in Singapore, Hong Kong, Taiwan, and Japan were discussed, including promoting lifelong learning, community engagement, and preventive care, as well as addressing poverty, especially among older women, and creating more flexible retirement schemes.

Recommendations:

1. It is important to focus on both longevity and health to improve overall well-being of the elderly.
2. The following two issues, including flexible retirement schemes and poverty among women and those living in the rural areas, need to be addressed.
3. More works need to focus on promoting lifelong learning and creating inclusive environments for multiple generations to live and work together.

Session 2: Alleviation of Poverty among Older Persons



Conditions of Poverty in Old Age in Asia Pacific

Eduardo KLIEN
Regional Representative
Asia Pacific Regional Office
HelpAge International

Biography:

University studies in political science and international economics in the Netherlands, the USA and Chile. MSc in Economics at El Colegio de Mexico. Over 30 years' experience in social and economic development, working with academia, governments, and international organisations.

As an academic, Eduardo has been a lecturer in international economics at the University of Mexico and in 1997 was appointed as Research Fellow in the International Development Center (QEH) and in the Oxford Institute of Ageing, of the University of Oxford. He has led on programmes, studies and research on population ageing in Asia.

Eduardo has performed in senior roles in international organisations in Latin America and Africa. For the last 20 years Eduardo has been in Asia, holding different directive positions. Currently, he is the Regional Representative for Asia Pacific for HelpAge International, overseeing partnerships throughout Asia and the Pacific. In the scope of his work is promotion of social and economic adaptation to the changing demographic structures and to population ageing. Eduardo has frequently led, and taken part in, multiple international conferences on the subject.

Abstract:

The presentation focuses on the attainments related to poverty and the Sustainable Development Goals (SDGs) at mid-point of their aim of 2030, focusing on the first six goals, which directly relate to poverty. In all six the gaps augur that they will not be attained as established in 2015.

The widespread prevalence of informal sector employment in Asia Pacific is a major factor defining poverty in old age. The National Transfers Accounts methodology sheds light on the sources of income in old age highlighting the gaps between income-consumption. In the formal segment of the economy, pensions are an important source of income, expressed as savings in working-stages of life. In Asia, however, the large majority of people in employment (62%) are in the informal sector. The nature of informal sector employment varies substantially from that in the formal sector. Informal workers lack contracts, job security, access to social insurance or health services related to employment. Informal workers have no access to income replacement through guaranteed unemployment or employment injury benefits, nor do they have the right to form labour unions.

In short, this informal segment of the working-age population remains outside of the official institutional framework. It covers a broad range of employment that includes seasonal agricultural workers, home based workers, self-employed workers, street vendors and even workers that are paid wages. For the most part formal social protection programmes such as contributory pensions, health insurance, unemployment insurance or disability benefits do not cover these individuals.

This lack of security and protection during the life course accounts for a large proportion of poverty in old age in the region. One particular segment of the population stops this very affected by poverty in old age his older women come who frequently lack not only protection of formal work but are unprotected legally in parts of the region come where lack of income is added by social discrimination.

To finalise the presentation, highlighting a positive development, community-based organisations are showing how they are becoming key instruments for ensuring the well-being and overcoming poverty in old age. The example of the Intergenerational Self-Help Clubs of Vietnam is described.

Slides:

https://hkuhk-my.sharepoint.com/:p/g/person/nxia_hku_hk/Ef6XejMn_EhLgYYNT8nGquEBh3xShK13SNg9JVvFM3QGNQ?e=XYSfvt

Presentation:

Morning. Unfortunately, I cannot be present at this expert group meeting. It would have been my desire, but I hope that this presentation conveys some of the issues I see in analysing economic insecurity and poverty in all ages in the region poverty is a significant concern in many parts of Asia, and several factors contribute to this. A main one is economic insecurity which I will analyze briefly, especially when related to the variety of sources of income in all ages.

Health costs are another factor leading to poverty and outage, especially in contexts that do not have access to universal healthcare, prevention schemes, and health access during the life course. I also want to highlight the specificity of older women as a particular segment of the population that is vulnerable.

When the 2015 Sustainable Development Goals were agreed at the UN by all countries in the world the expectation thus was that the goals would be met by the year 2030. That was a legitimate aspiration, but we are now, in the mid-course between 2015 and 2030, and you see that the line in 2022, and I have highlighted the 6 main first SDGs, and those are the ones that relate more directly to poverty and old age. It doesn't mean that the others don't have to do it, but these are the ones that relate to income, scarcity, hunger, health, gender, equality, access to water, sanitation, etc. You can see the progress in the region in general has been very slow. If we maintain the rhythm of advancing the SDGs, the goals will not be achieved in 2030, but in 2064. So, it is my personal opinion that it is unlikely that those goals will be achieved. Moreover, if we take into account the pandemic and the very deleterious effect that the pandemic broke worldwide. But in this graph, you see how little advance has been made since 2015 in these particular goals. When talking about income and income security, old age is a key determinant of poverty, old age being poverty more multi-dimensional, but focusing on income. I found the use of the national transfer accounts extremely useful, which is a methodology to analyze the sources of income and relate them to the generational economy. The transfers between generations and at different stages of life. So, we see on the vertical axis, there is any value of money could be US dollars, could be Korean Won, could be whatever, and on the horizontal axis, we have age. So, we see that in the early years of life between 0 and 15/20 years, there is consumption which is represented by the red line at a certain level, and income from labour which is represented by the blue line. So, in the early years of life, there is a gap between consumption and labour income. Children obviously do not have any income, so all the consumption is either private transfers, family transfers, or state support, with the state covering the costs of health, education, vaccinations, protection, etc. Families providing food and shelter. you know, and the clothes, etc. So, this yellow part is covered by 2 sources. One, as life goes on, people work, and frequently, this is the typical case. There is an income from labour and in a certain stage of life the income is higher than the consumption, allowing you to save or transfer money, or have more income than savings, and after you reach the 60s/70s there is a sharp decline in the income of labour. We'll analyze that in the formal and informal sectors. But this decline means that consumption is maintained, and in some cases goes up because of the health-related costs in the later stages of life, but income drops sharply. So how is this yellow part covering this gap between income and consumption different to the child, to the child's stage of life, the early stages of life, that there are 2 sources?

In old age, there are 4 sources that we can have: the assets acquired through life, so assets that you acquired through here, or even inherited from families those assets that provide an income that includes the pensions, contributory pensions that you have paid through life, property that you provide and income savings, etc. A second source is private transfers which means transfers within families. Frequently, there are multiple generations within one household, for example, India with 83% and Thailand with 53-54% of households being multi-generational. These numbers are similar in other middle-income countries and low-income countries. The intergenerational and multigenerational households can also provide a platform for private transfers, as well as remittances with a huge number of people working away from their countries and sending money back to their families. The third is public transfers which are subsidies for services. Health costs, subsidised protection, subsidized long-term care are all examples of indirect ways the State can provide these public transfers. The State can provide direct ways in the form of social transfers, state pension, old age allowance, or social protection, which can be universal or can be targeted to poverty. The final source of income is working in old age. Retirement in Asia was discussed, but that covers a relatively small proportion of people who are in the formal sector and reach formal retirement age with contributory pensions providing a source of income. The majority of people, 62%, in Asia work in the informal sector.

I want to see how these systems are defined in for older persons in Asian countries. The sources of income are very diverse, with more than half of the income in Japan, for example, being derived from public transfers. Mind you, each bar represents a country, and the blue segment represents public transfers. Most have no old age allowance, non-contributory pensions, the indirect support of social. In this case, Japan is an outlier having more than half of their income from public transport. In Indonesia, for example, more than half of the income derives from acquisition of assets through life. At the same time, private transfers in Indonesia are negative, meaning that older generations transfer more to the younger generations than the younger generations do to the older generations. It is significant that shift labour income is high, especially in China, Philippines, and even Indonesia. Labour income is significant in Philippines and China.

When comparing with developed countries such as Sweden and Germany, you can see that the highest proportion of income in old age comes from public transfer followed by asset-based reallocation but not from labour income from the earlier stages of life, which is different from the Asian countries. In Hungary, for example, the proportion of old-aged income is almost 100% coming from public transfer. In countries such as Austria, Germany, Spain, Sweden, and the United States, the private transfer was negative, which means that the older generations transfer more to the younger generations than the younger generations do to the older generations. The phenomenon is similar to the one in Indonesia.

But within Asia, and even within developed countries there are trends between the sources of income and the determinants of poverty.

When discussing the formal and the informal sector, there are some key differences. Within the formal sector, there is mandatory retirement that is being expanded with some flexible retirement policies being developed in some countries. In the formal sector, there is a certain level of security through life and post-working stages. Comparatively, the informal sector frequently does not have contracts, employment stability, labour union rights, or occupational health and safety conditions, there is also an absence of social insurance, pensions, and sick pay. A large proportion of the informal sector is self-employed and includes unpaid work, especially performed by women. Now you can see that in some countries, for example, India, which is the most populated country in the world 80% of the total workforce is in the informal sector. Over 90% of the agricultural work in India is done by the informal sector, the same is true in Pakistan and Indonesia, which are both highly populated countries, many of them having informal borders. Why can't this labour become formalized? A colleague at the World Bank stated that in the last 15 years, they have tried different ways of promoting the formalization of employment, and this has not been possible. There is no significant change except in China. (There are some barriers to the implementation of employment rights in the informal sector). For migrant workers, there were lack of registration, pensions, and portability. The agricultural workers work seasonally. Domestic workers are very much in isolation, it is very difficult to enforce formalization when they work in household units. Now those are some barriers. But what can be done in terms of rights and ensuring advancement in reducing the economic insecurity of informal workers? In general, what can be done for those who don't have access to the rights that formal employment provides?

A key thing is universal health care, I think it is a human right, and it is something that has been advancing in several countries in the region. We must ensure that universal health care is gender and age-appropriate.

The second is income in old age, there is an example of countries in the rich region that have gone through the path of universal old age allowance or universal social pensions. You have 2 options, you make it means-tested, or you make it universal. Those are both legitimate options, but the problem with means-tested is the administrative complexities and definitions of who is entitled, or who is not entitled to the old age allowance. Bangladesh, for example, has this means-tested targeted scheme of voltage allowance but has had enormous errors of inclusion according to the statutes of that old age allowance; that means people who should not be receiving, receive it, and those who should receive it do not receive it, and that's more than 50%. This creates enormous tensions and potential for corruption. Universal approaches are much simpler. There also needs to be context-specific responses for agriculture, self-employment, and workplaces with small numbers. We need to create conditions that facilitate the social security, social insurance, and support of income and knowledge of people who engage in these kinds of employment.

I want to highlight this one segment of the population that is particularly prone to poverty in old age, which is older women throughout the region, but, in South Asia. A study from India highlights that 62% of older women are illiterate, do not have employment opportunities, and 69% of them do not have any access to assets. For example, if they become a widower or a widow, the assets go to the children, and a small proportion goes to them and is usually not disposed of by them. 60% of older women have never used a digital device, whether it's a mobile phone, a computer, the internet, etc. Thus, they are completely unaware of their rights and possibilities.

The potential situation of older women is something that is strikingly defining for this large segment of the population being that women live longer than men.

To finalize, I want to share with you something positive that has been happening in the region in terms of reducing poverty and enhancing well-being in old age. Multifunctional, community-based organizations (the older people's associations- OPAs) have evolved over the last 10-15 years, they are now multifunctional, standardized, participative, sustainable, and scalable. Countries like Vietnam already have a policy to scale that to every community in the country, now there are 6,500 of these multifunctional organizations and they are actively reproducing. These organizations deal with basically 8 components that do not only deal with poverty, but also access to health, inclusion, connections, lack of isolation, lifelong learning, and income-generating activities. A survey from 3-4 years ago of 30,000 people who were part of these associations in different provinces in Vietnam, showed that 98% were happier, 95% had improved solidarity, and 88% said they were more confident, empowered, and had improved income and health. If we see poverty as a multi-dimensional factor of a multi-dimensional situation, we can see that these community-based organizations have both a social and an economic impact.

Summary:

1. Poverty is a significant concern in many parts of Asia and is caused by economic insecurity, health costs, and lack of access to universal healthcare.
2. The Sustainable Development Goals related to poverty have seen slow progress in the region and are unlikely to be achieved by 2030.
- 3 Sources of income and support systems for older persons in Asian countries are diverse and include public transfers, private transfers, and working in old age.

Recommendations

1. Provide universal health care for those qualified population is a human right and is essential.
2. Universal social pensions and old age pensions are potential solutions to reduce poverty and enhance well-being in old age and to reduce administrative complexities and errors of inclusion and exclusion comparing to the mean-test arrangement.



Situating Old-Age Security in East Asian Pension Reforms

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Biography:

Shih-Jiunn Shi is Professor of Social Policy, and former Director, of the Graduate Institute of National Development, National Taiwan University. He received his Ph.D. in 2007 from the Department of Sociology, University of Bielefeld, Germany. He has been active in international social policy academia; for instance, he served as the Chair of the East Asian Social Policy Research Network from 2018 to 2021, a pivotal international social policy organisation in East Asian region. Currently, he is a member of the executive board of the Research Committee 19 “Poverty, Social Welfare and Social Policy”, International Sociological Association. His fields of research include comparative social policy with a particular regional focus on Greater China region (Mainland China, Taiwan, and Hong Kong); as well as on East Asian social policy. He has conducted research projects on the development of social policy in Greater China; and is collaborating with other scholars in the research on social investment reforms in East Asian welfare states. Specific topics covered include population ageing and old-age security, federalism and welfare states, ideas and social policy, and social policy response to the pandemic crisis. He has published research work in numerous international academic journals, including the *Journal of Social Policy*, *Social Policy & Administration*, *Policy and Politics*, *Policy and Society*, *International Journal of Social Welfare, Ageing & Society*, and *Public Management Review*, amongst others.

Abstract:

East Asian societies are ageing rapidly and must prepare for its dire social consequences. Whilst several factors have exacerbated the extent of old-age poverty in East Asia, it is noteworthy that effective solutions depend on the existing institutional settings of the respective pension systems. The East Asian pension landscape features the divergent trajectories of the major pension system types. To start with, pension systems in Mainland China and Taiwan lends heavy weight to the public pension insurance programmes whilst occupational pensions merely play a supplementary/marginal role. Meanwhile, Hong Kong and Singapore stand out with their emphasis on the private pensions in terms of individual accounts to secure the old-age income of their citizens. Apart from those poor households that qualify for access to the social assistance programmes, older persons must rely on their own accumulated monetary resources in the provident funds, or else on the support of their family. Finally, we can identify Japan and Korea as the dualist pension model in which both public and private occupational pensions matter for the aged populations, where the former provide basic economic security whilst the latter add up a significant proportion to ensure decent income for the old age. Recent reforms endeavours of the three pension types suggest various approaches to tackling old-age poverty: Mainland China and Taiwan seek to introduce regulated private pensions to compensate for the declining public pensions; Hong Kong and Singapore stick to the private pensions but still need to offer social assistance to those very poor elderly people. Japan and Korea strengthen basic pensions to all citizens, especially to support workers trapped in the low-wage and precarious employment. These reform attempts have addressed major issues of old-age poverty in the respective pension systems; though more efforts are required to maintain decent old-age security of the older persons.

Slides:

https://hkuhk-my.sharepoint.com/:p:/g/personal/nxia_hku_hk/Ee0JiA61JHxOiClicOwaoXIB2Io0EBc_DZMQGcVaYcoyyA?e=sS107e

Presentation:

Morning everyone. It's a great pleasure for me to present some of my research results for this meeting talking about the declining function of the family, especially in care provision, together with the aging population.

My presentation will be focusing especially on old age income and pension policy. I specialize in welfare states and social policy, so I'd like to offer some of my suggestions at the end of the presentation.

I will be presenting my topic in 3 parts. I will focus mostly on the institutional varieties of the pension systems primarily in Northeast Asia. Then I will briefly address the recent trends of pension reforms among the major countries or cases, particularly regarding their policy implications on old age security.

This is a very popular book published in Japan, the term coined by the author Fujita Takanori in Japanese. <Kariu Roujin> This is not, a common term in Mandarin, although it's written in Kanji. It refers to the bottom end, poor, and older persons in Japan, and I will discuss a Japanese case shedding light on why there are so many poor older persons in Japan, from the pension policy perspective.

We all know Japan is among one of the most aged societies in East Asia. The pensions policy in Japan is developed and more advanced because it has a longer history than the other neighbouring countries.

Firstly, with some remarks about these Asian societies and old age poverty problem. We know population aging generally will put financial pressures, especially on public pensions.

In East Asian societies, we are witnessing the rising trend of old-age poverty. This is a global trend because of similar transitions, knowledge, and economy. There's a trend of a structural force putting labour markets into a dualization, high skill labours on one side and low skill on the other. This kind of skill bifurcation has important implications for the ability of low skill workers to prepare for their old age income. Since low-skill workers are not able to prepare adequate old age security for themselves, they will rely heavily on pension support. It is very important to pay attention to the different institutional structures of the pension system among East Asian countries to understand why there are such great differences in terms of the capabilities of the pension system to tackle the old age poverty.

First speaking with the trend of old age poverty rate here I have collected the major cases here.

The difference is not actually coincidental, because there is something at play, especially about the pension support. However, it is very important to note that when talking about the pensions it's also important to draw our attention to the private provision. When we think about the declining function of the families, we always tend to think that the government, or maybe the community can do more. But generally, also equally important is the function of the markets in pension provision.

I'd like to disentangle the institutional structures of the pension systems in terms of the public and private provision. Private provision primarily, refers to the market. For example, the individual accounts, or maybe mandatory provident funds here in Hong Kong or central provident funds in Singapore which rely a lot on the proper function of the market for the accumulated funding.

Individualism is primarily regarding the major financial responsibilities that must be borne by the individual workers. In Hong Kong and the Singapore is provident funds that are responsible for the old age income, however in individual counts each worker is responsible for his or her accumulated old age income.

In addition to the provident funds in Hong Kong, for example, a comprehensive social security assistance scheme (CSSA) is subject to means test. This kind of pension system is very different from, for example, a pension system in mainland China and Taiwan where you can see a large bulk of social insurance at work supplemented by some rather minor role played by the individual accounts. It's very important to understand the operation of the social insurance which includes most of the population. So, we term it "statist" here to signify the important role of the government.

In Japan and South Korea, we can see the kind of combination a mixture between the public pension and private pension being equally important for the old age income in these 2 cases. Not only is the national pension insurance introduced by the government important, but also the occupational pensions for many employees, especially in large corporations.

The important application and effect of these pension systems for the old age security would be that if you have a higher proportion of the public pensions, for example in China and Taiwan, then generally replacement rate will be high, replacement rate is a measurement for the generosity. But by countries in individual accounts, generally, generosity will be low, and the quality will be high because it's subject to individual capacity or capabilities of preparation.

Japan and Korea are kind of standing in the middle, between the statist and the individualist systems. I also collected some figures and data for replacement rates where you can see, for example, here, as I mentioned. Generally, in pension systems where public social insurance plays a major role you will see a higher replacement rate. By contrast Hong Kong and Singapore see a lower generosity in old age income protection. As I mentioned, you will see the dualism in Japanese and Korean pension systems. There is a mix of outcomes in terms of the generosity. I also mentioned, the importance of private pension, here you can see in contrast to the statist pension system like with Chinese or Taiwanese pension systems, in Hong Kong in Singapore you will see a very large portion of the funding accumulated in the Provident funds. The Chinese and Taiwanese systems do not rely heavily on the private pensions; therefore, you do not see a lot of accumulated funds in these kinds of systems. Again, the Japanese and Korean systems stand in the middle in terms of the accumulated private pension funding size.

I will briefly talk about current trends of the pension reforms in these cases. Mr. Klien (the previous speaker) just mentioned that in countries where you have a large proportion of informal workers, then generally, the policy solution would be to provide universal pensions. But the pension system has been institutionalized, generally you will rely on these pension systems and improve their function which is exactly what these countries are doing with current pension reforms.

The Chinese and Taiwanese pension system rely a lot on the social insurance. However, due to the financial pressures arising from the aging population, both pension systems are undergoing enormous pressures to kind of rechange or cut the benefits level of the current pension system a little bit. There have been some important reform attempts trying to minimize or at least decrease the burden.

However, when you decrease the function of the public pensions the alternative would be to increase the role of the private pension to compensate for losing the function of the public pension. That is why we are seeing the introduction of the private for enterprise occupational pensions, or the worker individual account both in mainland China and Taiwan. Simultaneously, you will see that especially in the new millennium, since 2000, both China and Taiwan are extending the coverage to more population groups.

For example, in China the introduction of basic urban and rural resident pension insurance since 2013 and in Taiwan National Pension Insurance since 2008. These are a kind of extension of basic pension insurance while also introducing the individual account. However, these individual accounts really play a supplementary role in support of the declining function of the public pension. As we can foresee, the population aging will still put enormous pressures on the financial sustainability of both pension systems. Thus, we are likely to see more reform attempts aiming to increase or strengthen the function of private pension.

What about in Japan and Korea? Why does the occupational pensions play such an important role in the Japanese and Korean pension system? That's primarily because the industrial structures in both countries are consistent with the large corporations. In Japan, it says, Keiretsu, and in Korea it's Chaebol meaning the large corporations encompassing various economic sectors. Historically, both countries solved the occupational pension first before the government introduced the basic pension insurance.

In this case, the Japanese and Korean economies see the kind of utilization of labour markets where you see small proportions of our core sector workers, employed by these large corporations, enjoying very generous benefits provided by this occupational pension. Comparatively, a large proportion of workers in informal sectors, especially in the Japanese case female workers are concentrated in the informal sectors. Workers in these informal sectors primarily consisting of the medium and small size enterprises, have less generous benefit levels. This dualization is a problem in this case. The recent pension reforms in Japan and Korea are really trying to boost the capacity of these informal workers by introducing or by increasing the function of the national pension. Strengthening basic pension insurance while adjusting or minimizing the individual accounts a bit. It's a kind of recalibration of the public and private pensions in this system. Still, occupational pensions play a very important role in Japanese and Korean pension systems.

From this institutional analysis some important policy implications emerge. When it comes to the statist model like the mainland Chinese model and the Taiwanese pension system it would be very important to increase and empower the private pension.

In the future, it's very likely that the governments will increase the regulation of the private pensions to empower their function, and to support of the declining function of social insurance.

While in Hong Kong and Singapore it's difficult to give some policy suggestions because the government should do more. It's very individualist and sometimes we term it the residualist model meaning that it's the ideology, the policy values, that shape the overall welfare architecture. It's not that the governments of Singapore and Hong Kong are unable, financially, to do more for their citizens, it's just the values that restrains more government involvement in old age protection.

Finally, when it comes to the dualist paths, such as in Japan and Korea, basic pensions will be very important in the future if you want to really help the majority of the working population in their old age.

It is also helpful to think about Southeast Asian countries because, as Mr. Klien just mentioned, these countries, tend to have a very large proportion of informal workers. Thus, the intuition would be to introduce some basic protection, universal and unconditional, maybe provided by the State and government; depending on the respective country's situation in terms of their economic development level or government capacities. Options could include some kind of social insurance or occupational pensions. Even so, these 3 pension types will still encounter challenges due to population aging. We have seen the fast decline of the fertility rates, and the very fast aging population demographic structure. There are some good practices from Western countries that we can follow. For example, the German pension system has been heavily relying on social insurance model. However, beginning in 2001 the recent reform has cut the benefits of the public pension and increased private pensions and commercial insurance with government subsidies.

There have been sceptics arising among the population saying that the old age protection function of the public pensions is declining, and people are fearful of their old age prospective. This would be something to think about in the policy suggestion of this meeting, thank you very much.

Summary:

1. Rapid aging in East Asian societies has led to a rise in old-age poverty, with the institutional design of pension systems shaping the extent of poverty in these countries. The systems can be categorized as individualist, statist, or dualist.
2. Public pensions focus on income maintenance and have varying replacement rates and pension wealth, while private pensions have different entitlements and institutional designs based on state mandates or labour contracts.
3. Pension reforms in China, Taiwan, Japan, and South Korea focus on extending social pension insurance to cover larger populations and introducing occupational pension programs, with challenges including heavy burdens on public budgets and dualization of pension systems.

Conclusion/Recommendation:

1. Pension policy remains crucial for old-age security in East Asia, with different paths (statist, individualist, dualist) resulting in varying levels of security and financial burden.
2. More public support, supplementary private pensions, and basic pensions are needed to address old-age poverty and ensure adequate security for all.

Session 3: Well-Being of Older Persons and Enhanced Quality of Life



Wellbeing of Older People and Enhancing Quality of Life in Hong Kong

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Biography:

Prof. Tsien is an Adjunct Professor of the Hang Seng University of Hong Kong and a Visiting Professor of the Respati University, Indonesia, an Honorary Consultant of the Research Centre for Gerontology and Family Studies, and Jockey Club Smart Ageing Hub of the Hong Kong Polytechnic University (HKPU). She also lectures part time on the MSc in Clinical Gerontology and End of Life Programme, Department of Medicine, the Chinese University of Hong Kong.

Prof. Tsien is the former Professor of Practice (Gerontology) of the Department of Applied Social Sciences, and the Founding Director of the Institute of Active Ageing of the HKPU. She has conducted research and published articles and papers on social work and ageing, active ageing, gerontechnology, age-friendly city and dementia caregiving.

Prof. Tsien founded the Retirees Club to promote active ageing in Singapore in 1983, and the Institute of Active Ageing at HKPU in 2010 which is an ageing research, education and practice centre. She also founded the Women's Initiative for Ageing Successfully in 2011, a non-profit organisation to empower women to age with dignity and independence. Prof. Tsien is appointed to sit on several government committees and serves as advisor to 12 non-government organisations serving the elderly and people with disabilities. She is the Chairman of Senior Citizen Home Safety Association and Vice-chairman of MIP Care Resources Connect.

Internationally, Prof. Tsien is a board member of Active Aging Consortium in Asia Pacific since 2013 and a member of European Pass-it-on Network.

Prof. Tsien was awarded the Certificate of Commendation by the Hong Kong Government in 2019 in recognition of her contributions to the ageing research, policy, and education.

Abstract:

In 2023, Hong Kong ranks second in the world on life expectancy with an average longevity of 85. According to the Hong Kong Census and Statistics Department's population projection, the percentage of elderly persons aged 65 and above will trend up from 20.8 % (1 in 5) in mid-2022 to 25.3 % (1 in 4) by 2028, and then to 35.1 % (1 in 3) in 2069. By 2024, the city will officially be a 'super-aged society', meaning more than 21 % of people are aged over 65. Ninety percent of the elderly in Hong Kong live and age in the community with the support of their families and/or the Government. Only about 4.8 % reside in residential homes in 2021. The Hong Kong Government adheres to the ageing policy objective of promoting "ageing in place as the core, with institutional care as back-up", to enable older adults to live in dignity and to provide the necessary support to promote their sense of belonging, sense of security and sense of worthiness in the community. In this presentation, the ageing-in-place policy and programmes in different aspects such as community and social services, financial services, health care services, carer support services, transportation, education, technology, living arrangements and age-friendly city will be summarised. An innovative project by the Institute of Active Ageing (renamed as the Research Centre for Gerontology and Family Studies in 2023), the Hong Kong Polytechnic University will be introduced. The Institute adopts a unique and comprehensive model in the promotion of active ageing by encompassing education, research and practice from all fundamental dimensions of everyday life for older adults will be illustrated. Finally, recommendations to address the holistic approach to enhance the quality of life as people age will be presented.

Slides:

https://hkuhk-my.sharepoint.com/:p/g/person/nxia_hku_hk/EcXGXqdmwPpIpECqhuWVgz0BXg-hlF6MtQvkRlJQGoZUnRQ?e=clFZ8k

Presentation:

Thank you for the kind introduction, and thank you for the invitation to be part of this important meeting.

This morning we heard a lot of good presentations from different countries and my topic today will be on the well-being of older persons and enhanced quality of life in Hong Kong.

We heard a lot about the statistics and research, I am requested to maybe share with you some good practices. I am retired from the Hong Kong Polytechnic University, but I am still part time teaching at 3 other universities and doing a lot of volunteer work to keep active, just like active aging in Hong Kong. I'll give you a little bit about the aging statistics about Hong Kong. I think you have heard about Hong Kong being the city with the longest longevity in the world. I'm going to share with you how aged we are, and some policy and services for the elderly. So this morning you also heard from the Secretary of our Bureau of Welfare and Labour. One initiative from the Institute of Active Aging, which is now renamed as Research Center for Gerontology and Family studies at the Hong Kong Polytechnic University, and then I'll give my conclusion and recommendations.

Here are the latest statistics of the world's oldest populations, we got data from different sources so sometimes there a bit of difference.

In 2022 Japan had about 30% of oldest population, then Italy and Finland, and the rest mostly in Europe. In 2050 you can see that there is a big change from Europe to Asia, with Hong Kong projected to have the highest share of older persons in the world with 40.6%, followed by South Korea and then Japan.

Hong Kong is not an aging or an aged society, but is coming into the border of a super aged society. Once a city or country hits 21% of the population being 65 and over, they are classified as super aged; Japan has also been super aged for a long time. As of 2022, Hong Kong has 20.9% older persons and I'm sure that now we have reached the threshold.

This means that when you walk out into the Hong Kong streets, 1 in 5 of us is 65 and above, in 15 years it will be 1 in 3, and then in 30 years it will be 4 in 10. I always tell my students that by your time, when you get to 65, almost 4 in 10, or 1 in 2 will be 65 and above, and they all can't imagine that.

The total population right now is 7.5 million people, with more female than male. This is the same in Hong Kong and our median age has been growing fast, right now it's 45.6. That means half of our Hong Kong population is 45 and above and half will be 45 and below. Our life expectancy in 2023 is 85.3, and the dependency ratio is 438 over 1,000, which is very high. Life expectancy in Hong Kong at birth is up from 2010 to 2023 we top the world with the longest life expectancy. However, just a few months ago we were taken over by another country, Monaco which is a very small country of less than 50,000 people making it the second smallest country in the world next to a Vatican. They're famous for having a lot of rich people and elderly people retiring there because of the beautiful weather of the country. So now Hong Kong is the second in the world with an average life expectancy of and the 83 for males and 88.66 for females; creating a gap of about 6 years between the genders.

Our age pyramid is no longer a pyramid, we have a bigger portion of elderly population than the younger population. This is going to grow drastically because right now our birth rates, our fertility rates is only 0.8 per female making it one of the lowest in the world.

Another way to look at the older and the younger group is that the 65 and older group will be growing to 28% by 2039, and the 15 and below will be shrinking to about 10%.

Just a little bit about the profile of our elderly educational attainment. We still have 16% of people who have no schooling or kindergarten, but you can see that there is a growing percentage of people having tertiary education. This is largely due to the Government for promoting the 9 year free education initiative in the 1970s. That's why later on our older population will be better educated.

In regard to the labour force, only 16% of our older population is still working. When compared to Korea, Singapore, and Japan, we are very low. We conducted research by interviewing older adults on why they want to go back to the labour force. A primary reason was for money, one third of them really need the money to stay older longer. They also said they're very picky, if they want to go back to work they prefer part time because they want to spend time with their families, and have time for themselves.

Just a summary, there are more females than males, and they live longer by 5 to 6 years. For those who are 85 and above, there are 3 times more females than males. We have way more females than males in the older

group and about 15% of them live alone but 74% live with family. So you can see that 90% of our older population live in the community and about 63% are married, but the widows are mostly female, at 85%. For the 65 plus, 75% are suffering from one or more chronic diseases. Only 16% of them are working with more men preferring to work beyond their retirement, whether it is part time or flexitime. About 10% of those 70 plus have dementia, and as they age over 85 plus it will become close to 33%. Dementia is really an age related disease, as you get older, the chances of getting dementia are much higher.

The baby boomers, meaning that those who were born between 1946 to 1964 are now getting into this old group, but they tend to be better educated, more health conscious and financially more independence. The good thing about this super aged society in Hong Kong is the emergence of supermarkets, there are a lot of new opportunities for a wide range of business sectors and products and services. Talking about finance, tourism design technology, transportation housing, there's this huge silver market coming on with 90% of our elderly being independent.

So, the overall elderly policy objective in Hong Kong should be to improve the quality of life through 3 key messages. One is sense of security, that means money, the second is sense of belonging, that means housing, and lastly feeling of health and worthiness, how to make them feel wealthy and useful to society. We must promote the concepts of care in the community. If we want to ask them to stay in the community we have to supplement with a lot of formal and informal services, an aging in place and continuum of care, bringing the services to the elderly, instead of them going out individually to different departments for different services. As Mr. Sun said this morning, community care is the core and residential care is only the backup. Thus, the government has been trying ways to help people to stay in. Lately we have been talking about this co-payment financial model, how to ask the Government to pay more. Hong Kong and Singapore have started with this co-payment, which means, if you can pay, you pay, if you're going to pay more, you pay more, and if you cannot pay the government will pay.

The total spending on the elderly of the Hong Kong government is about 123 billion dollars, which is one seventh of the total government spending in Hong Kong. Specifically, the expenditure on cash welfare for the elderly is about 51 billion, which is about 76% of the total expenditure on social security in Hong Kong.

I'm going to highlight 9 services to promote active aging in Hong Kong for those who are living in a community.

We have a lot of district elderly community centres and neighbourhood elderly centres, 213 of them. These are providing a lot of recreational social health assessments on networking, even meal service, laundry service to the elderly. An opportunity for the elderly project is to encourage people to do volunteer work, to stay active. We have senior citizen card, I think in Singapore is called a pioneer card, I think pioneer card sounds better than senior citizen card, and we should think of a better name for those 65 and above. So, when you show the pass. then you get concessions in Madonna Pacific coffee, 10% off. Just to appreciate the elderly, every year we have a senior citizen's day to honour and to thank the elderly for their contributions, which falls on the third Sunday of November. On that day there are a lot of activities celebrating and honouring our senior citizens, and a lot of commercial sectors and vendors will provide discounts to the seniors. I'm showing this picture is that one of the senior Camilo, they have this model training class to train the seniors to dress up nicely.

In Hong Kong we have this elderly healthcare voucher scheme for 70 plus, automatically giving \$2,000 HKD per year for going to see the doctor to buy drugs, optometry, and dental services. The government has been putting up a lot of preventive measures now, such as the government vaccination program for this year. They brought down the flu vaccine age which used to be 65, to 50. They realize that at age 50 you have to start taking care of your health and subsidize traditional Chinese medicine. In Hong Kong, one of the reasons why we live so long might be due to traditional Chinese medicine to complement the Western medicine and for 65 plus they have this subsidized project.

Financial services and allowance. Everyone 70 plus will have \$1,500 to buy fruits, this is called fruits money. For those age 65, that have some financial difficulties, they can apply for this allowance. Living allowance is more for people who need support. The middle class also want something so the Government has come out of this idea of silver bonds and public annuity scheme. The silver bonds will guarantee them with a higher interest rate of 5% for the investment. Vivian talked about the elderly reverse mortgage program for those who have assets, which grants cash for elderly. The building maintenance grants scheme for leading owners in Hong Kong supports the elderly (about 50%) who do have their own residence, but it's very old, 40–50-year-old building. If they don't have money to maintain to repair the building so the Government has a lifetime maintenance grant of \$80,000 per person. A community care service voucher for the elderly transportation is the most welcome program in Hong Kong, for \$2 the elderly person 60 plus, can travel anywhere on public transportation whether it's ferry, tram, train, minibus. It really encouraged the seniors to go out to meet friends, to do volunteer work or to continue with paying jobs.

We talked about lifelong education. The Government has set up this elder academy scheme to encourage elderly and school students to learn together, promoting intergenerational understanding.

Living in Hong Kong is so expensive and there isn't enough housing. We don't have enough elderly homes, so the government has been trying to take advantage of the neighbourhoods in the mainland, in the Greater Bay area. Arrangements for retiring in the mainland it will be cheaper, there will be more opportunities mostly in Guangdong and Fujian areas.

When it comes to gerontechnology, our government has been trying to teach the elderly persons how to use ICT, to use their phones to communicate with their family.

We started cultivating an age friendly environment in 2008, and then in 2020 all the 18 districts in Hong Kong have successfully joined the World Health Organization global network for age, friendly cities, and communities.

We provide money for those who care for their family members, and we have a hotline and support for Carer's project.

According to the World Health Organization, the active aging means optimizing opportunities for health, participation, and security. It doesn't just encompass biological and psychological behaviour, but economic and everything.

I founded this Institute of Active Aging in 2010 at the Hong Kong Polytechnic University because it is a practice-based university, and we have a lot of different faculties and departments that, co-incidentally, serve the elderly by working for them. I believe that preventive is important and multidisciplinary, so I have grouped a multidisciplinary team of 60 faculty members from 23 disciplines and 14 departments to provide education, research, products, and services. We are now serving 5,700 community members. We have this group of members who are age 50 plus coming because of lifelong education, evidence-based volunteer work and gainful employment. This year we got the university endorsement and funding, before that it was all self-financed through fundraising efforts year, they also renamed the institute to The Resource Centre for Gerontology and Family Studies.

We are unique because we have practice, all the universities have research and education, but I believe that with practice you would bring research and education together to help each other. We specialize in interdisciplinary research. In education, we have a special bachelor program on aging studies. This is our unique point is we have an evidence-based practice center where we have innovative and creative activities. Let me show you some research. We concentrate on 5 areas on senior wellness, aging and family, digital inclusion and gerontechnology, theory-based model building, and age friendly environments. This is our bachelor's degree in applied gerontology. You can see that we just don't talk about health and welfare, we also talk about living environments, product and clothing, design, business and finance, social policy and services, technology, traditional Chinese medicine, health and social work and social care; so, it's a holistic approach to aging.

My conclusion and recommendations are that we talk a lot about services and hardware, but the software is also important. We talk a lot about culture, concepts of how to promote self-efficacy among older adults. It will be important to prepare them for this aging process, to get them ready and empower them with what they have. This way they can continue to contribute to society. We need to do more to cultivate respect for our older adults by having intergenerational activities so that the old can understand the young, and vice versa. To improve the images of aging, the mass media must help by portraying a positive or realistic image of aging and bridge generational divide. The intergenerational family will be of importance as will geotechnology, and creating a supportive, age-friendly environment.

My dream ever since I came back to Hong Kong, about 30 years ago, I have been thinking about an interdepartmental committee on aging in Hong Kong. I learned from Singapore where they have an interim ministerial Committee, I think India also has this. When talking about aging, it won't be just one expert, talking about just health and welfare. It will be holistic, where housing, transportation, and labour are all discussed. Thank you very much.

Summary:

1. Hong Kong is a "super aged" society, with an increasing proportion of elderly citizens.
2. The government has implemented various policies and services to improve the quality of life for the elderly, including community care, financial assistance, transportation, education, and gerontechnology.
3. The Institute of Active Ageing (now the Research Centre for Gerontology and Family Studies) at Hong Kong Polytechnic University promotes active ageing through interdisciplinary research, education, and evidence-based practice.

Recommendations:

1. To enhance active ageing in Hong Kong, the following measures should be implemented, including promoting self-efficacy among older adults, improving the image of ageing, bridging generational divides, and creating a supportive and age-friendly environment.
2. The government should take the leading role and establish an inter-departmental committee on ageing to coordinate and facilitate of the implementation of other initiatives.

Enhancing the Well-being of Older Adults and Their Families Affected by Dementia



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Biography:

Jung-Hwa Ha is a professor in the Department of Social Welfare at Seoul National University in South Korea. She earned her Ph.D. in Social Work and Sociology from the University of Michigan. Prior to joining Seoul National University, she worked as a post-doctoral research associate at the Waisman Center at the University of Wisconsin-Madison and as an assistant professor at the University of Chicago.

Ha's research interests encompass various aspects of older adults' social relationships and support, stress and coping, bereavement, end-of-life care, and dementia care. Her work has delved into the effects of stressful life transitions, such as widowhood and health decline, on the social and psychological well-being of older adults. Additionally, she has explored how various social and psychological factors may moderate the negative consequences of these transitions. Ha has investigated the effects of childlessness on the well-being of older adults in East and Southeast Asia and has examined cultural differences in end-of-life care planning.

She is actively engaged in intervention research aimed at informing social work practice. Notably, she has recently developed a guide for advance care planning for older adults with mild dementia and their families. Ha, along with her research team, plans to test the guide's effectiveness in raising awareness among individuals about their own values and preferences in end-of-life care.

Abstract:

With the ageing of the population, the number of people with dementia is rising globally. The challenges posed by population ageing and the increasing prevalence of dementia have important implications for the well-being of families, particularly in Asia. This paper addresses the following three questions considering such trends: 1) How does dementia affect older adults and their families in Asia? 2) What support measures are in place? And 3) considering demographic changes, how can we enhance the well-being of families affected by dementia? I first discuss the financial, social, and health consequences of caregiving for individuals with dementia as well as secondary stress associated with caregiving. Next, I introduce current policies and practices in South Korea to support families affected by dementia, including the Comprehensive Dementia Management Plan, the National Responsibility Policy for Dementia Care, and various community-based interventions. Finally, I discuss future directions, including the need for continued attention to evolving demographic profiles such as an increasing number of kinless and childless older adults, the need for more support for spousal caregivers who may be particularly vulnerable to caregiving burden, and the importance of risk management in times of pandemics and natural disasters. In conclusion, I call for shared responsibility among families and nations and enhanced support systems to improve the well-being of older adults and their families affected by dementia to achieve the Sustainable Development Goal of ensuring healthy lives and promoting well-being for all at all ages.

Slides:

https://hkuhk-my.sharepoint.com/:p/g/person/nxia_hku_hk/Ec94-pVk2QFIsQrTroNbAoQBHpyc5GrG8Bm554mStbPzRQ?e=mT95H0

Presentation:

I'd like to thank the organizers for inviting me to this conference. I am really honoured to be part of this group and have been learning a lot from people from other countries. So as introduced, I am going to narrow the focus a little bit to older adults and how their families affected by dementia. With the population aging, a growing number of people have dementia, and when someone gets dementia, it doesn't only affect the individuals with dementia, but also the whole family, because it places a lot of care giving burden on the families.

I'm going to talk about how dementia affects older adults and their families in age and what's being done to support them in South Korea. Finally, given the demographic changes, I want to address how we can further enhance the well-being of older adults and their families affected by dementia.

To briefly recap the population aging trends in Asia, this is the map of stages of aging in 2022. You see that only a few countries are aged currently, like Japan, and some like South Korea are darker colour, but not super aged yet. But then by 2050 a large part of Asian countries will be super aged, it says, especially China will go into the super age society of the population. The number of people with dementia is also rising by 2050. The global number of people with dementia is projected to increase to 139 million, the Asian Pacific region alone is estimated to reach 71 million.

Dementia exerts much burden on individuals, families, and societies. The easy thing to think about is economic cost. The cost associated with dementia in the Asia Pacific region is estimated to be around 185 billion USD, this includes cost associated with medical care, social care, and informal care. Alzheimer's Disease International published this report estimating the cost of dementia in Asian countries, so you can look up your countries here.

In Korea caring for a dementia patient cost on average, about 16,000 USD per year, and given that the average annual income of Korean families is around 42,000 USD, the cost of caring for a person with dementia creates a significant financial burden on the families.

If you break down the annual cost per dementia patient it consists of direct medical expenses, non-medical expenses, such as nursing expenses, transportation, purchase expenses, and long-term care expenses. The more severe dementia is the higher the annual care costs per person, the care costs of severe dementia is about twice as high as that of the mild dementia. This economic burden will increase as a growing number of people get dementia.

The burden of dementia is not just a problem of more aged societies. It is expected that the risk of dementia increase will increase sharply with age, and that populations in less developed regions of the world will get this burden of dementia as well. As you can see in the graph, low- and middle-income countries will bear greater burdens in the 2050, because their aging population is growing fast.

The burden of dementia is not just economic. We must think about caregiving burden because as dementia progresses, individuals lose their ability to live independently and become increasingly dependent for care. Family members are usually the caregivers, assisting individuals with dementia with household chores, personal care, and financial matters, as well as social activities, and compared to non-caregivers, caregivers show higher levels of mental and physical health problems. As you saw in the earlier presentation informal care is related to depression, anxiety, and other psychological distresses. Furthermore, caregivers self-rated health reports indicate greater physical health problems. Sometimes, people show anticipatory grief because dementia is usually a long progressive disease, as time goes by you lose the person as you knew them, further aggravating a caregiving burden.

Caregivers also often need to manage competing demands and roles which can lead to greater strain, fatigue, and health problems. In the case of Korea, family caregivers with a job had to reduce their work hours by 14 hours per week, and 27% of family care caregivers quit their job to care for a family member with dementia. On average family members spend 6 to 9 hours daily on caregiving duties, compromising their other roles because of the caregiving role.

Dementia also has social consequences for both people with dementia and their families. A poor cognitive function is associated with loss of friends and neighbours, as well as a reduced perceived support from friends. Caregivers are also at a greater risk of social isolation due to a lack of opportunities and time to interact with others and families experience social stigma attached to being dementia patients. Eventually, patients need more social contact and engagement to maintain cognitive functioning.

What's being done to address this care giving burden, and to help people with dementia and their family members? In Korea we have this national health insurance and long-term care insurance, which help these people. These policies are not developed just for people with dementia, it's for everyone, not just elderly people, but all generations can benefit from these insurances. This long-term care insurance is crucial in helping these people with dementia. The system is developed to give greater security to older people who cannot take care of themselves in daily activities and to reduce the burden on their families. Initially, it was primarily for people who had physical problems; if you apply for long term care insurance benefits, someone would come out to assess your physical abilities like walking, taking care of yourself, using the toilet, eating, etc. Later, it was addressed that those who have dementia, although their physical ability may be intact, they might have other problems. A lot of family members must care for them because of their reduced cognitive function, so they made two more categories for mild dementia patients. These patients can go to day care centres to engage in social activities or get some hours of support, usually 3 to 4 hours, at home that the caregivers can get a break from caregiving and do other things. This is a very major policy addressing the needs of family members as well as the individuals of dementia.

In addition to that, because Korea is one of the most rapidly Asian countries around the world, we kind of know that a lot of people will have dementia. In response, the government has initiated this comprehensive dementia management plan since 2008 and every 5 years it's revisited, and they have a new goal of addressing the needs of people with dementia and their families. Now, we are at this fourth comprehensive dementia management plan, the focus of this plan was to strengthen the community responses to people with dementia. Prior to this, in the last government, they announced the national responsibility system for dementia, meaning that the government will take the greater responsibility of taking care of people with dementia.

The Dementia Management Plan has 3 goals. One is to address the needs of affected individuals. Dementia prevention across the life course is one of the key goals and developing treatment guidelines by severity of dementia and improving the long-term care services; patients are included in this initiative. The second is expansion and systemization of dementia related infrastructure. Expanding long term care facilities and hospitals for dementia patients because long term care facilities do very basic nursing care, but sometimes they're not equipped to address the needs of people with dementia. The government is encouraging some long-term care facilities to really focus on dementia care so that they can deal with many symptoms with more expertise in that area. Another initiative was to develop cohort studies and integrated management of dementia related research. Finally, as I mentioned before, strengthening the community resources has been a key focus of this dementia management plan. It really tried to link community resources via a dementia centre which I'll explain a little bit more later and then create dementia friendly communities.

These dementia centres are really trying to strengthen the community-based services for people with dementia and their family members. One aspect of this is to prevent dementia through early detection and engage people in cognitive exercises, they also provide kids management and support services for people with dementia. They do provide support and education for families and caregivers. They do community education and engagement and legal assistance for eligible people. They also have collaborative efforts with emergency response systems, including police departments, to detect and recognize dementia patients who are lost. Many dementia centres were created and they're going towards this direction. Unfortunately, due to COVID, a lot of workers in the dementia centres were helping with COVID responses, so the agility of the implementation of these policies has not gone as well as we want it.

I want to talk about the future direction. We all know that we are experiencing many changes, many demographic trends that need attention, and one is decreasing fertility and changing social norms regarding elder care as many of you addressed in the morning. One of them is that a lot of people are becoming kin-less and childless in old age. Even if they have children, it's becoming difficult to receive instrumental support due to migration of adult children. We need to pay attention to these demographic trends to be able to come up with adequate support for people who are childless or candidates. Another trend is the changing social norms regarding elder care. It used to be the family's responsibility, but now people think that it's a shared responsibility between the family and the state.

I want to show you this graph, of one of the studies done in 2018. The question was, who is responsible for elder care? As you can see, this orange part represents those who think that society is primarily responsible for elder care. This view has been growing since 2002 when it was only 19.7%, but now, more than half of people who participated in this study said society is primarily responsible for elder care. About 20% said the older people themselves need to be responsible for their own care. About 26.7% said family members should take the primary responsibility for elder care. Social norms are really changing in Korea with people expecting society to take responsibility.

National strategies for dementia care, and for older aged care in general, should take these factors into account, especially in rural communities where many younger generations migrate, and older adults are left to take care of themselves.

Graphic trends that we need to pay attention to are the needs of spousal caregivers. Most living arrangements are with adult children. However, several households with older couples only are growing, especially in East Asian countries, like Korea and Japan. In these households, spouses tend to assume the role of primary caregivers when one of the spouses develops a serious health problem such as dementia. In Korea, approximately one third of informal caregivers of people with dementia are spousal caregivers. They are particularly vulnerable to the mental and physical burden of care, giving because they themselves are aging, and a lot of times they have their own health problems. Additionally, it is difficult because they are used to marital life is usually being reciprocal. Then, when one person develops severe health problems, one depends on another spouse, and that can be very hard to cope with. These spouses really need support to maintain the healthy family. In Korea many services are available for older adults who live alone, yet relatively little attention has been given to these spousal caregivers. We really must pay more attention and provide support, such as having a support hotline so that these people can call when they have questions, or if they are having mental health problems so that they can get support for their own health and take care of their health, and of course, respite care and other measures can be helpful too.

Finally, risk management during a crisis is becoming important. We all know that with COVID-19, this has become an important subject. It's not just pandemics, but natural disasters due to climate changes is becoming more important in the future. When we think about people with dementia, these crises are hard because they have difficulty understanding the changing rules and feel confused about restrictions on their behaviour. Lack of exercise and decreasing cognitive stimulation due to social distancing can be also very harsh on them. This may cause their dementia to progress faster. The fact that they're restricted to see family members when they're institutionalized can be difficult for them. Thus, healthcare policy should acknowledge these unwanted consequences of social distancing during pandemics and develop creative measures to address these problems.

In conclusion, with the continued aging of the population, decreasing fertility, and changing social norms around elder care, the societal response of Asian countries to meet the needs of older adults is crucial. In addition to family response, shared efforts of the State are becoming important, to enhance the quality of life and to maintain the social integration of both care recipients and caregivers. These efforts will bring us one step closer to reaching the sustainable development goals of ensuring healthy lives and promoting well-being of all at all ages. Thank you for your attention.

Summary:

1. The number of older adults with dementia in Asia is increasing, leading to a significant economic burden on individuals, families, and societies.
2. Caregivers of individuals with dementia experience higher levels of mental and physical health problems and often must compromise their other roles and responsibilities.
3. Dementia has social consequences for both people with dementia and their families, leading to social isolation and stigma. To support older adults and their families affected by dementia, South Korea has implemented comprehensive dementia management plans and community-based services.

Recommendation:

1. Increase support for spousal caregivers: Spousal caregivers are particularly vulnerable to mental and physical burden of caregiving. They often have their own health problems and are susceptible to depressive symptoms, financial and physical burden, and lower levels of psychological well-being. It is recommended to provide more services and support specifically tailored for spousal caregivers to alleviate their burden and improve their well-being.
2. Importance of risk management during crisis, such as COVID-19: Older persons with dementia are extremely vulnerable to risks during crises like pandemics and natural disasters. They have difficulty understanding and following rules, and lack of exercise and cognitive stimulation can negatively affect their disease prognosis. It is recommended to implement risk management strategies that specifically consider the needs and vulnerabilities of older persons with dementia, such as providing clear and accessible information, ensuring access to necessary resources and support, and promoting social engagement and cognitive stimulation even during periods of social distancing.

Session 4: Enabling Environment and Innovations



Creating Enabling Environments and Innovations for Aging Populations: Insights from Asian Contexts

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Biography:

Dr. Emi Kiyota is an Associate Professor at the Yong Loo Lin School of Medicine and College of Design and Engineering, and Deputy Executive Director, Centre for Population Health at the National University of Singapore.

She is an environmental gerontologist, consultant, and organisational culture change specialist; with more than 20 years of experience in designing and implementing person-centred care practice in long-term care facilities and hospitals globally. Her contributions include a vast array of national and international initiatives focused on quality improvement in the built environment for long-term care and ageing services, where Dr Kiyota holds great concern for the needs of elders in low-middle income countries.

In 2010, she founded charitable organisation *Ibasha*, dedicated to co-creating socially integrated, sustainable communities that value their elders, embodying in the Japanese concept of a place where one feels at home being oneself. Her current focus is on creating socially integrated and resilient cities where elders are engaged and able to actively participate in their communities.

She has published journal articles and book chapters in Germany, Japan, Switzerland, and the United States; and has done pre-design programming including for senior housing and addiction treatment centres.

Dr. Kiyota holds a PhD. in architecture from the University of Wisconsin-Milwaukee, a Master of Architecture and Master of Science in Horticulture Therapy from Kansas State University. She has received fellowships including the Loeb Fellowship at the Graduate School of Design at Harvard University, the Rockefeller Bellagio Residency Fellowship and the Atlantic Fellowship for Equity in Brain Health at the Global Brain Health Institute at University of California, San Francisco.

Dr. Kiyota is currently based in Singapore and looking into incorporating *Ibasha* into the Health District@Queenstown. The pilot programme aims to design an age-friendly community by creating integrated solutions to enhance the health and well-being of residents across their life stages.

Abstract:

This session delves into the pivotal role of fostering enabling environments and innovations to support aging populations, with a particular focus on Asian perspectives. The lecturer also discusses on challenges and opportunities stemming from a global demographic shift towards an aging society.

Key themes encompass combatting ageism, redefining aging as a phase for personal development and societal contribution, and the imperative need for inclusive environments catering to all age groups. The discussion of this session is framed with four fundamental domains:

1. Bridging the Digital Divide: Addressing disparities in technological access for older adults through initiatives aimed at digital literacy and affordable technology.
2. Gerontechnology Ecosystem: Exploring the potential of health-centric technologies in eldercare and advocating for their research, affordability, and accessibility.
3. Universal Design and Accessibility: Advocating for inclusive architecture and public spaces, emphasising universal design principles and legislative support.
4. Intergenerational Living: Promoting living arrangements fostering intergenerational interactions, emphasising the benefits for both older and younger individuals.

Additionally, the session introduces the concept and impacts of the *Ibasha* approach, where older individuals actively engage in community development and challenge our current narrative of aging and social role of elders. It advocates a holistic societal approach, urging collaborations between governments, stakeholders, and grassroots initiatives guided by community elders.

In conclusion, architects, designers, and social scientists play a pivotal role in crafting inclusive environments that empower aging populations. The session urges a societal shift in perceptions of aging and underscores collaboration with older adults in designing adaptable environments catering to evolving needs.

Slides

https://hkuhk-my.sharepoint.com/:p/g/personal/nxia_hku_hk/EfkL_BRWD4NCoZpubj_fjIYBZ7i5ieWTj3NTiZmT1nBdlw?e=as4ybv

Presentation:

My background is architecture and urban planning, so it is very different from all the stories that we had yesterday, and I hope to be able to connect the learning into practice, how we as designers, being able to apply it and study it. My presentation is really focusing on how individual can see the environment rather than what policy makers should be doing because we are very macro about these things. The context is that we wanted to focus on 2 things, one is how to create an enabling environment, and the second is how to co-create rather than top down; how can we come up with a grassroots kind of approach? I wanted to focus on 4 key areas so that we can understand an enabling environment from 4 different perspectives. One is universal design; it is very important to address equity issues and accessibility. We can go beyond accessibility because I think universal accessibility sometimes divides people and limits certain people. But I think, universal design it is a concept, it's a principle we can apply to anything. The second is digital divide; when we're talking about how we're moving forward from here for housing and community development environment, we really cannot ignore digital and technology. How can we integrate that as an enabler rather than disabling. Developing the general technology is another issue that everybody's talking about, that is a part of built environment. People like to integrate, but how? The last one is really a conversation about intergenerational living. What does that really mean from a built environment perspective? I also like to invite you to learn about the community development we worked on because theory is a beautiful thing, but when it comes to practice you to learn a lot of different things. So, I wanted to share that experience.

I haven't been able to find a good data about disabilities in Asia in general, so I just used US data. 26% of the people have disabilities and 94% of the public housing in the US actually has barriers. Another challenge is housing size. Household sizes are shrinking these days, but the housing size market is growing. So, there is a divide between what needs to happen and what is commercially driven.

How can we promote universal design? You need to begin by talking to designers and urban planners and advocate them. A lot of time I have to put students into wheelchairs, to go to the bathroom otherwise students will complain. Why do we have to give that much space to the disabilities? We need to sensitize designers so that they can really integrate it. We also must advocate for public spaces, better public transportation from the local government, and from registration side it must be standardized.

We integrate a lot of digital technology into our life, but we don't really take into consideration that some people cannot use it. I think that's something we have to think about. I talk a lot with the Housing Development Board in Singapore, and the first thing that we talk about is that we have enough funding, and we have enough technology. What we suffer in is that people don't want to use it because they are not confident. These are big issues that we have to tackle when we start to develop more. Capacity building is important because 66% of older adults stay connected with friends and family.

A lot of people like to stay connected, no income elders, no education. Elders don't have access to technology, and this causes them to miss a lot of information that they need to know. The second data was from the EU stating that 1 in 4 persons have this basic skill, indicating that 3 out of 4 really need to have more help in EU and in Singapore. Technology uptake is high, and the government is really trying to push people to have more technology usage, but they use it for major activities. They really don't have enough knowledge for functional activities, that's another gap that we really must focus on. Again, advocating this and how to promote it. We really need a better interface, and it has to be affordable and user friendly. We haven't really been able to address that issue that much.

We have a lot of conversations going on about developing geotechnology. I found few studies that indicates how health technology can reduce the risk of hospitalization among elders. There is a strong health implication by developing gerontechnologies.

While the gerontechnologies are not really introduced well to the user's perspective, because interface is not very user-friendly, and we don't have enough research. We have a lot of commercial development happening, but we really lack the deep research about what people need and how they can use it. That is the part we really must think about.

The fourth one is intergenerational living. Intergenerational housing and the living conditions are kind of considered to be positive but are not always positive. Some people are forced to live in there due to gender issues, sometimes they turn out to be a caregiver. How can we make it positive? The US Pew Research Centre said that 1 out of 4 adults living with relatives, a little bit more than half reported the experience as being positive. Thus, half the people don't want to live in those conditions, and they don't enjoy it. There is a diverse sort of perspective out there, but I feel like we are packaging intergenerational housing as if that's the solution. We really must question about our mindset about that.

In the Singapore co-living is common. Students always like to talk about living with grandparents, but even in Singapore the co-living situation is going down. I think there is a gap between what we think it should be and what people really want on the ground. How can we encourage the first thing from building environment perspective? We don't have enough options for good multi-generational housing.

We really must think about how to start the design. Communicating with community members and the users about the myth, what is the reality, and dialogue about intergenerational living. I had this conversation with students in my global aging class. A researcher came in and advocated for intergenerational housing, and after the camera was shut off, students said, "I don't know if I want to live with my grandparents." I'd like to be able to live with grandchildren when I get older. But I feel like a voice not part of this conversation, so I think that's something for us to think about, the generational perspective from younger generations. What that really means, and how they want to have reality check.

I've been involved in designing for aging and I was staying up late until middle of the night and designing nursing homes, hospitals, and housing. One time I realized everything I do, no one wants to live there. Actually, no one wants to go to Senior Centres or live in Nursing Halls, and no one wants to go to hospitals.

In 2011 I decided to start a non-profit organization to listen to what other people want. It is called Ipache Hijo, it is a Japanese term for when Japanese found that a place where people feel at home. I realize I don't know what older people want, and I'm not 85 years old. The only things I could do is to ask and realize in architecture practice we don't listen to users. When we talk about listening to users in hospital setting, who are we talking about? Doctors and assets? Maybe nurses? Patients are not part of the users for the architecture practice. So, I wanted to discuss this. What we learn is, society has changed. The very first study that we did was post disaster time, like 2011, we had a very big tsunami happen in this village. When we went there, we thought, we are going to help older persons, we have some funding. Older people did not want help, they wanted to do something to help others. I realized that we were taking their social role away because we are so caught up with up perception about current aging.

This is a photo that I took after we completed creating community hub. This to me shows the modern society. We had another funding from a nursing association, so they wanted to create the benches for older persons and exercising bar for young children. Then the children are sitting playing video games, and the older persons are exercising. We all laugh about this, but it is the reality that we are not respondent from a policy perspective about this situation. We still have this mindset that we must help older people. We must design for older people. We are not encouraging them to be a part of it. When you think about yourself, when you get to this age don't you want to be asked what you want to do? Don't you want to be asked what kind of place you want to live? Don't you want to bring your grandchildren to the place where you created together? I don't think we have that option because they're so busy trying to be a nice citizen, a nice daughter, and a nice wife to look after older persons, because that's how we are. We have been educated to do so. We created this to challenge a perception about aging and just try to change the narrative so they're going to be included. We create the community hub where they live in based on one story I heard. After that tsunami happened 10% of this whole village had casualties. Every single person you talked had lost some family members or friends.

I met an 85-year-old woman with pink hoodies in a coffee place at the temporary housing unit, and I wanted to ask what she wanted and what the experience was after the tsunami. She told me that she lost six family members in the tsunami. After that, she could not turn the air conditioner on because the low-pitched sound of the air conditioner sounded like a tsunami. (The volunteers) were very nice and helped the lady out and found her a place in the coffee place. However, (the volunteer) never asked if the lady would like to provide some help in the coffee place, such as making some tea.

I feel like that's a simple act that we are really missing, we did not ask people. She was the one who reached out to all these people and created the place that they can go to and contribute to others.

It's quite interesting, because, she said, "I'm so grateful that I have clothes to wear, I have a house to live in, and I have food to eat after the disaster. But, Amy, it has been 12 months, and being receivers for this long, it is very difficult". I feel sometimes that that's what we might be doing for the older people, that's why people feel discomfort.

We created the eight principles to have a little bit of framework. People cannot really create their community from blank sheet of paper, they need a strong enough framework but a loose framework so that they can create their own. We decided to take 8 principles to create this space and program together. We design everything with elders. Then a leadership role is taken by older people and the activities are not for them, but created by them, and the place must be in the middle where the action is because we don't want to push them out. What we try to do is very simple, we empower other people to be a resource to the community and care for others rather than being cared for. We want them to be a change agent, because when you look at the demographic situation, we don't have enough people to look after them. Healthy older people can look after them and they want to. And why not?

We co-created program operation in space. People always ask me; do you do training? We don't because older people have a lot to offer. We really try to facilitate and understand what they can offer, our job is to unlock their potential.

This is how elders applied a principle, they were able to make rice with fire. Today, we need an iPhone, a rice cooker and electricity. When talking about resilience in a community we can use all the traditional ways to really make the community resilient.

People don't want to go to nursing homes because it is very institutional. This is how it looks like in a base where everybody is there and community ownership.

This is how we decide because some of the communities we work with, in Japan, Nepal, and the Philippines, that literacy rate was very low in many places. We do draw and older people run this place. In Japan they have biweekly farmers markets to earn their own income so that they can be independent. Everything we do has to be multi-generational, that's what elders want.

They don't want to have intentional programs. The power of space is that people can share, they don't have to talk, they can just be there. That's how you start to develop the sense of community.

There is marginalization because they all have severe dementia. Alzheimer's café and dementia café elders were very clear. We don't want to make that day, because if that was my wife, I don't go to that day. Anyone can come anytime, that's the kind of place we want. So, we have a lot of people with dementia roaming around all the time. But they're part of our environment.

All that culturally significant activity is done by elders because they have resources. I don't know how to do Terry ceremony, my mom may not, but my grandmother's do, but those are the traditions that we are losing. We are just trying to keep this up, so that children can experience it. When we started this project, we asked older people what they want. They said, I'm too old, I'm okay if we have nothing. When you ask, what do you want to do for your grandchildren? Then they always said, I want a healthier planet, I want them to eat better, and I want them to be healthy. They somehow do everything we do for income generation activities that is, in environmentally sustainable activities.

The last one is increasing imperfection; I was trained as a designer in the field of architecture. For a long time, we strive for so much perfection. This creates an institution, and we lose the authenticity of it. We really must have this idea of creating with purposeful imperfection from designers' perspectives so the community members can perfect it.

We all must learn about how this looks like. This is in Japan, and it was all designed by elders, and this is how it looks like in the community hub which is run by elders. This is in Philippines. This is in Nepal. Each culture can adopt things differently.

I would like to wrap up here saying that from a design perspective, it's not only in architecture design that we have this tendency to design program and any solutions for them, and we forget about including them. If you really trust the abilities of elders, they can surprise us in a very positive way, and from a design perspective, sometimes we over design for other people. Accessibility is a tricky term because if we over design that creates segregation and ageism. Age segregated space and the services might create isolation and too much convenience. Technology does create loneliness. How can we balance all this out? I think it's time for us to listen to elders a little bit more and trust a civil society. Thank you so much.

Summary:

1. The presentation focuses on creating an enabling environment for older individuals through universal design, addressing the digital divide, developing gerontechnology, and promoting intergenerational living.
2. Empowering older people to take leadership roles and co-create spaces and programs within their communities fosters a sense of belonging and enhances their quality of life.
3. Balancing technology, accessibility, and community involvement is crucial to avoid age segregation, isolation, and loneliness among the elderly population.

Recommendation:

1. Individually, it is important to embrace elder wisdom and involve older persons in decision making processes to empower them and increase their confidence in voicing their views.
2. In the community, to foster a culture of teamwork and shared responsibility by reminding members to embrace imperfections will lead to more effective collaboration and a stronger sense of accountability.
3. From the systematic perspective, it is necessary to adopt and promote a whole-of-society approach by forming partnerships with diverse stakeholders and spurring grassroots initiatives led by community elders. This approach is necessary to address complex issues and create a healthier city for all ages.



Population Aging and Living Arrangements in Asia: Facts, Observations, and Responses

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Biography:

Shuzhuo Li is currently University Distinguished Professor of Population and Development Policy Studies, Honorary Director of the Institute for Population and Development Studies, Director of Center for Aging and Health Research, School of Public Policy and Administration, Xi'an Jiaotong University, and consulting professor at the Morrison Institute for Population and Resource Studies, Stanford University. He is a member of the Social Sciences Committee of Ministry of Education of China, Vice President of China Population Association. His research is focused on population and development as well as public policies/governance in contemporary transitional China, including population policies and development, migration, and integration, aging and health, gender imbalance and sustainable social development, poverty alleviation and human wellbeing.

Abstract:

Population aging is a global demographic challenge, in tandem with societal and economic changes. It poses both challenges and opportunities for the development of older adults and their families and reshapes the living arrangements of older adults, particularly intergenerational living arrangements. In Asia, the aging population exhibits characteristics of significant size, rapid growth, and pronounced regional disparities, facing formidable challenges in health at the same time. Due to unique socio-cultural features, home-based care is the most common living arrangement for older adults, with variations across different regions. Living arrangements in Asian can be categorised into three models: co-residence, network, and solitary models with distinct characteristics and influences. In countries with higher levels of economic development and a greater degree of aging, there tends to be smaller household sizes among the older population. Moreover, there is an overall trend transitioning from co-residence model towards network and solitary model in Asian. Against this background, understanding how families cope to population aging through living arrangements, establishing family-centric multi-subject policy system, and tailoring population and living arrangements measures based on national development characteristics will contribute to the formulation of effective responses to population aging. This presentation also includes four cases and recommendations for living arrangement in population aging.

Slides:

https://hkuhk-my.sharepoint.com/:p/g/personal/nxia_hku_hk/Ebi1rj1dlThPuwMrxVPqVJwBQ9MoukcUXRBR4rV2MdL_Bw?e=fZzJfC

Presentations:

Hi, good morning. Thank you very much to all the organizers for inviting me, it's a great honour. The topic is part of the enabling environment. It's about living arrangements in Asia. A lot of speakers already mentioned the picture of Asia aging, so I'm going to focus on 3 parts: facts, observations, and responses.

So, the objective is very simple: What are the basic facts? We can look at the statistics in Asian countries. What can we draw from these facts? Because everybody may have different observations. We have different perspectives. Then, what are the responses? Some are calling for family to state. So, it's kind of a shift to look at the facts first. As a partner agent, I'm not going to talk about details.

I don't have enough data to go across all Asian countries, so I selected 4 major populist countries in Asian Pacific countries: Japan, China, India, and Indonesia. Yes, totally different but still share some of the common curves. So left side is the size of the aging population. The right is depicting the percentage above 65 years old. For the next 80 years across these 4 countries, they share something in common, but they're also different. For instance, if we look at the per capita income, life expectancy, the size of population, aging population, and diversity in culture they are very different.

From this table, we can summarize that Japan may be looked at as a developed country with deep ageing. China, India, and Indonesia share factors in common like developing countries and growing aging and then China is somewhere between these 2 pillars. China is developing very quickly, but what we call in Chinese government documents called "deepening ageing period", from medium to deep in terms of aging.

These four, what I call typical, maybe most popular countries for analysis. First, is Japan which has the highest degree of aging in Asia. I don't know exactly why whether Korea is. It'd be higher or lower, but same level problem, and the proportion for the aging population remains relatively behind over the next couple of decades. China is the most populous country in East Asia. A demographic transition phase of deepening aging, and the aging population continues to increase. We'll also see that the aging population is happening at an exceptionally rapid pace in China. India is the most populous country in South Asia, and the most populous right now. The aging process is relatively slow. Indonesia, it's the mostly populous country in Southeast Asia, it's just entered the population ageing period, and the level of aging is relative to the lowest 4 countries. That's why we set these 4 countries for comparison to try to see what the basic characteristics are across the Asian countries in terms of aging and the living arrangement.

We look at the living arrangements and this data is drawn from what is available online. We are comparing these 4 countries. We are comparing the household structure. The left is older adult households or total households. That means that the percentage household with old people.

Japan is high around 40%. China and India are about the same. and Indonesia's a little lower.

The second column represents older adults living alone among the total households. Japan is about 12%, China is about 6%, and India and Indonesia are a little bit lower.

If you look at the old, aged living alone among the adult households. It is interesting because in about one third, about 30%, of Japanese elders say that they are living alone. Chinas about 1/5. In this index India is much, much lower, even lower than Indonesia.

On the right corner of the column, you can see the average household size. China and Japan are about same and India, Indonesia is much higher, at almost double. That's the basic figure of the living arrangements across these 4 countries. If we go further into the figures, we are trying to see the detailed living arrangements by the 4 countries in the categories of living with spouse and children, living with children, living with spouse, living alone, and living in an institution, and others. In China, most people are living with a spouse. In Japan all persons are

mostly living alone or living with their children. For India and Indonesia, 70% are living with either spouse and children or living with children. It's a totally different divide among these but 3 categories. We see that in Japan there's a high degree of aging that has deeply changed to intergenerational graduates. This transition is not only for living arrangements. It's mostly focused on intergenerational living arrangements inconsistent with the enabling environment with a significantly higher proportion of one person and older adult households. The trend in China is that as an aging population that is developing rapidly, more and more older adults don't live with their children. The living with a spouse becomes mainstream. In India and Indonesia, the levels of aging are still low, comparatively, but they need to maintain the cultural value of multi-generational living under one roof, while stressing government support policy for both. India, China, and Japan are doing the same thing in terms of government support. But they're a little bit different.

We have latest data from China's 2020 census, so I'll use China as an example to show you a little bit further, what's the situation, and what's changing in China?

These are the living arrangements for everyone, older person, living spouse and children with spouse, with children. Living alone with care workers at home, living alone without anybody. It's the real single, living alone. And living in the institution, and others. Classified by health situation. This is kind of self-reported health status in the published census in 2020.

We look at this and that among the healthy and basically healthy individual, most persons are living with spouses. This is what we observe regarding a little bit unhealthy and disabled older persons, most of them are either living with a spouse or living with children. The living arrangement is also related to the health status, the needs of older people. The living arrangement by gender is also interesting that a higher share of women and old women are living with children. I think this is kind a phenomenon across all major Asian countries. Perhaps because life expectancy is higher for women, and they are probably much more marginalized in the Asian society, thus they need more help from children and grandchildren.

Another perspective to look at in the living arrangements is the emptiness among the older adult households. The majority, about 60% across all age groups, across the urban to rural. You probably think that there is a big divide in China between urban and rural, but in terms of the living arrangement it's about the same thing. When you are aging, you are more likely to live with children. Younger adults are more likely to live by themselves or with their spouse. That's what we observed from the living arrangements from the published census in China.

The observations we draw from these facts are that the family-based intergenerational life pattern is still the common and the dominant pattern in major, populous Asian countries. For instance, living at home is common living arrangement for older adults in Asia.

These 4 populous countries account for more than probably 80% of the whole Asian population. More and more older adults, especially women, live alone due to urbanization. Finally, a small family and the population mobility of younger adults that has happened in China over the last 3 decades in the rural area. Lastly, the living arrangements are generally affected by age, sex, residence, location of residence, and especially health status.

What are the observations we can draw and learn from these basic facts? Of course, people have different observations. This figure has 3 axes, 3 dimensions: location, proximity, and the number of generations in terms of a big family living arrangement, but with a special perspective on intergeneration. It's not an individual living arrangement, but it's a big family. I classified into 3 basic models, alongside the level of aging and the level of development.

Co-residence model: co-residence means 2 or more multi-generations. This on the left corner is what we call corner zone. Asian family system in terms of providing older-age support. On the other higher up corner is a separation model. Separation means that 2 or more generations are separate in terms of residents.

In between, I call the network model. Asian families are trying to shift away from the traditional dominant coresident model into a network model, into a separate model. This kind of kind of an enabling living environment to adapt to the aging populations aging process. There are lot of innovations. Innovation is not only in technology but also in solution policy and the living arrangement.

For instance, network model is not only a network among the siblings, but also among the parents and the children. It's become very common in China right now, even in overseas Chinese communities in Canada and United States. The family, parents, and children, live closer but they don't live under one roof, because they don't want to. They want their own autonomy and independence. Even on the co-residence model, there are a lot of innovations in China, for instance, shift families, split families, rotation families, a lot of new forms of families we have never observed in the last 100 years, but still they are called co-residence model.

Then the separation model is becoming more and more mainstream in China, including living with a spouse. That's the dominant model. The majority among the old people are living in the nursing home is very new and very little. The percentage of living in the institution and nursing homes are under 1% in China according to published census data. China is not promoting the institutional living as a mainstream. Home-based community embedding services for old age supports is mainstream. A network is also something that's becoming mainstream.

We try to use the basic facts to see that maybe 4 major countries are classified in 3 types and 3 stages. They are shifting from co-residence model to network model and to separation model. Distribution of these 3 models is varying across the 4 countries. This forms a kind of consortium of the family living, intergenerational arrangements for enabling environments to maintain the common universal benefits of the co-found in transfer, and we call it corporate model among family members. No matter where you live, we help each other, trying to strengthen your ability to have the meet later. That's what we call the corporate model.

Those are the intergenerational living arrangements of all the adults in 4 countries. We summarize that in Japan there are more elderly parents living near their children and living alone, and in China most old parents live without children or a spouse. However, an increased number of adults don't live with their children. In India, older parents mostly live with their sons. The outflow for young labour force has led to an increase in the number of old adults living alone or living in a skipped generation. In Indonesia, all the parents have a gender preference for their daughters. That's what we read from the literature. I have an overseas PhD student from Indonesia starting with me. From her literary review of her own country, both sons and daughters provide support to older parents, and women are generally responsible for housework and old age care. That's what happened in China in the past, maybe before the outflow of migrants to from rural to urban areas.

The model is trying to summarise that, with the development of the population ageing, Intergenerational living arrangements are gradually changing from the co-residence model to the network model and then to the separate model. So, it's a low, medium, high degree of aging. I may not be right, but I'm trying to summarize the model and my observations.

What are the responses? We summarized all kinds of State policies and the community and society policies. It's kind of a family-centered older adult support. It's still the cornerstone and mainstream for major Asian countries, including Japan and Korea, in future. In my opinion, the long-term care system cannot be applied to most of the Asian countries for a very long time. Even in China, it's too expensive. Thus, the family is still a long-term care institution, providing services the way we did for over thousands of years. So, it's kind of a cornerstone, is a core. There are 3 models: co-residence, network, and separation. So, we think that there's a choice. It's between a pull and push. Some factors are pushing you because people from all generations want to have their own independence and autonomy. They want to live separately with their own business to deal with. But then there's push and pull factors and trying to see which kind of residence model is good, not only for one generation, for one individual, but for old person across all generations. This model applies to my own family. I'm an old person right now, but I still have an older mother over 90 years old. That's becoming more and more common in mainland China. There are innovations in terms of the living arrangements. For instance, like the families in China they have division. The siblings have divisions of labour in terms of caregiving, manpower support, emotional support, tools, and resources, not only money, but also in terms of distance in terms of emotional ties. Only science has been responsible for this kind of innovation in the past.

All kinds of rotations among the siblings, rotations among the parents. I have had a longitudinal study of over 24 years in partnership with Prof Iris Chi from University of Southern California. When we went to Anhui 20 years ago, they already had so many different innovations. They had a shift, skip generation, they had a rotation, they had everything. When we did our survey, older people came to complain that their children are no longer doing

things in the traditional Chinese filial piety way because they don't live with them. But, as said, we are forced. But a lot of grandparents are living with our grandchildren.

This new kind of innovation is no longer innovation, and the phenomenon is very common. It's this mission, because more and more older adults are coming back to rural areas from urban ones because of they are getting old. We call it the old rural urban farmer migrants.

There are a lot of costs, separation, collaboration. All this kind of work, I call it the innovation in terms of family system, intergenerational family arrangement.

I'm trying to see whether there's a common ground for all major countries across Asia. What I call family centered satellite multi subject system. So, this is kind of a 3 pillar, a 3-circle system. The core is old adult, and their family. I believe that a family is the core and the cornerstone for all the support systems. So, it seems that because of economic pressure, caregiving pressure, and health, emotional and other daily care pressure, the families can no longer support their old parents by themselves. Including themselves when they're getting old. We need State, society, including NGOs and business, market, and other communities to come into place to form a new kind of mechanism to foster kind of a universal family-based community-embedded ageing support system. That's my observation, there are a lot of factors behind this kind of system. The major purpose, including family-based surrogate, is invisible in response to all adult's own preference and the aging situations. It's consistent with cultural context for Asian, this can be socially sustainable particularly in underdeveloped regions and countries. Even for China, of course, we don't no longer have poor people so, but anyway, there are a lot of difficulties in the rural sides of China. There are a lot of villages deserted. I mean there are many many rural villages, they are fully deserted. Some old people, though not all old people, are left behind because their children cannot support taking them into urban areas or major towns.

We really need community, society, and state to take actions. I went to an area in Yuling City. As an anti-poverty program, you need to do nothing. Just because they are over a couple of aging families. Only old people living. So, the Government Office said, the party elevation program is only to provide services who can buy food, meals, and vegetables for them. These are basic services. Don't think about talking about something too much, just something very small, but substantial and concrete. So, they have called a lot of basic, supporting policies and incentive policies to try to foster other supports. This kind of family centered community-based state involved and supported aging system.

So, the countries will go from providing basic policies to supportive policies to incentive and subsidy policies. That's what is happening in China right now. For instance, Zhejiang is very rich province in China and Ningbo is probably one of the richest districts. Ningbo is very rich if you go to rural areas, it's almost like European villages.

They have a kind of new system. The whole Beilun district has been experimenting with a new service system with Fudan institute on aging at Fudan university. They're trying to provide/establish a family centred community embedded, and government supports/led the whole system to try to help the families provide. Basic, old-age support for all, not only for old people, for people across all ages including young, caregivers, family members. This is called the multipillar system.

They have a 4 major mechanism, and they have 8 pillars involving all kinds of institutions. If you go to a nursing home, they have everything there, smart devices, monitoring and a surveillance medical service in person. The medical service is integrated with old age care and philanthropy because of rich people. They are so rich, so they donate some money to exact funds, and the public welfare and the rural sage. They depend on the rural sage to call for volunteers to work together, sharing, and a neighbourhood community are a basic guarantee. If there is really something that a family cannot support themselves, the network is there. They cover the bottom for everybody.

This is what we call the Beilun model, but I doubt whether it can be adopted and applied to every part of China. because it costs us so much money, so much investment, and especially training a skill to caregivers, professionals, and nurses, so it's probably only can be copied in the very rich delta, the Yangtze River delta. I know it's very hard because government doesn't have money to invest and help.

The first recommendations I call for is from family to state. The State needs to take a more active role to encourage families to provide old adult care.

For instance, encouraging adult children to take on caregiving responsibility through financial and honorary incentives, because Chinese people, pay attention so much attention to our face. Face is very much valued. The perception of your parents living in an institutional nursing home, is not so good, it's viewed as something you are doing wrong. For instance, before my father passed away, he was sent to a nursing home. But we couldn't make that kind of decision, only when my mom said that he should go. Since we want to keep our face, we don't want to be rebuked by other people, blaming that, "oh, you are not responsible. You are a professor. You are our boss". But he had dementia, so that we could not handle the situation anymore.

Secondly, we need to provide tax benefits and flexible important options for children with caregiving duties. Employment is challenging right now, but still, we need to think about those people.

Thirdly, promoting family based long-term care system. The long-term care system should be based on families. Money should come from government and all societies, and we need to reduce the burden of comprehensive social care by removing the previous paradigm of relying entirely on the family. This is interesting in China, because 40 years ago, when we adopted the one child policy the government said that "you'll have one child when you're old, the government will take care of it." But a couple years ago a new law came into place claiming that children are responsible for taking care of their parents. It's a kind of a conflict of interest. Some people may think that the government is not standing by their word from 40 years ago. Right now, the Government has a national strategy to actively cope with aging. So, we need to involve every sector part of the society. We also need to build a family-centered "satellite" multi-subject system. All major agents should come into place. But I think at least in China, families are the base. But the government is the core, no government, no system.

A third way is to integrate scientific and technological innovation with living arrangements. It's becoming more and more wide spreading in China. So many industries, business, and firms are going to this market, not only in the nursing homes, but also new technologies and enterprises.

Before I left Xi'an, we had a Publishing Association annual meeting of Shan'xi province. Quite a lot of companies came into the place, trying to work with universities to see how to promote their business model to let family members believe that this is a good moment for technology, for devices, for equipment, and for living environment. There are also real estate companies because they are trying to sell multi-generational homes. It's a reference to sell multi-generational because it's bigger and they're more expensive.

Encouraging the State to be like more active and important role and promote the sharing of best practices and data across major Asian countries. I was trying to collect the good practices across all these 4 major countries, but to my limited knowledge I cannot tell which is the best. This is really relying on the experts from their own individual countries. And create aging policy in accordance with national context, there's no universal good ageing policy. I can only say that it had to work with the context of the country, in line with our own culture, value system, religion, socioeconomic and cultural characteristics.

Thank you very much.

Summary:

1. Prof Li discussed the living arrangements and aging population in four major Asian countries - Japan, China, India, and Indonesia. The presentation highlights how these countries share some common trends and characteristics, but also have unique differences in terms of per capita income, life expectancy, population size, and cultural diversity.
2. Observations show that intergenerational living arrangements are shifting from co-residence models to network models and then to separate models as aging populations increase. This shift is influenced by factors such as urbanization, family structures, and the need for independence among different generations.
3. To address the challenges of an aging population, Prof Li proposes a family-centered, community-embedded, and state-supported approach for caregiving and support. This approach involves governments, families, businesses, and the community working together to provide a sustainable and culturally appropriate care system.

Recommendations:

1. Encourage family-based care through financial incentives, such as tax benefits and flexible employment options
2. Promote a family-centered system for long-term care in underdeveloped regions with aging populations, and the community, society, and the state act together to ensure the sustainability of family care.
3. Integrate scientific and technological innovations to alleviate caregiver burden. Actions include better collaboration between academic and industries and the adoption of technology in ordinary families.
4. Encourage the state to play a more active role in data collection and sharing, policy development in accordance with national context, and industry support for aging population needs.

Session 5: Ageism and Age-Friendly Communities



Building Age-Friendly Communities: Definitions, Strategies, and Reflections

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Biography:

Professor Lou is a leading scholar in family gerontology who has extensive experiences in multidisciplinary and multi-sector collaboration. She is the Director of Sau Po Centre on Ageing, and Professor at Department of Social Work & Social Administration at The University of Hong Kong. She is the Co-PI of a Theme-based Research project on developing robotic assistance for older adults collaborating with scholars from medicine, engineering, computer science, and rehabilitation. She is also the Co-PI of a Research Impact Fund project on developing tech-enabled treatment for stroke patients collaborating with scholars from rehabilitation science, nursing, and medicine. With over twenty years of experiences in studying population aging, she has been leading Sau Po Centre on Ageing advanced strategic partnership with the government, NGOs, and business sectors. She is now leading four multi-site projects partnered with more than over fifteen organisations (e.g., Tung Wah Group of Hospitals, The Hong Kong Society for the Aged, Heaven of Hope Christian Service, Caritas Hong Kong, Hong Kong Young Women's Christian Association, etc.) on enhancing community end-of-life care, empowering stroke rehabilitation, and empowering responsive caregiver support. At the policy level, Lou has been appointed as a member of Statistics Advisory Board, Community Investment and Inclusion Fund, Senior Police Call Central Advisory Board, and Elderly Academy Development Foundation of the HKSAR Government. She is a fellow of the Gerontological Society of America (GSA), and a Council member of Hong Kong Association of Gerontology and Consortium of Institutes of Family Limited. She is leading Aging among Asia interest group under GSA. Professor Lou's scholarship and contribution to the gerontology field have been recognised by the following awards: AmCham Women of Influence Award (Woman Change Maker in STEM) (2023); The Healthy Ageing 50, The UN Decade of Healthy Ageing (2022); Senior Fellowship of Advance HE (2022); Smart Ageing Gold Award - Social & Community Engagement, Golden Age Foundation (2021, 2023); AGESW Career Achievement Award (2019).

Abstract:

As a result of increased life expectancy and declining fertility rates, Asia is witnessing rapid population ageing. With over half of the world's older population residing in Asia, the region's diverse economic development presents unique challenges. In response to these demographic changes and urbanisation during the modernisation process, the World Health Organisation (WHO) introduced the Age-friendly city concept and movement in 2005. This initiative builds on the United Nations' (UN) International Plan of Action on Ageing from 2002 and the WHO's Age-friendly primary care guidelines published in 2004. This presentation examines the rationale behind developing Age-friendly communities worldwide, in alignment with active and healthy ageing policy frameworks. We critically discuss the definition and key policy initiatives and strategies for enhancing age-friendliness across eight intersecting domains: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services.

Focusing on Hong Kong, a Special Administrative Region of the People's Republic of China, we investigate good practices and key mechanisms for achieving age-friendliness in its eighteen districts, which have successfully registered as Age-friendly communities. These include increasing social networks, fostering a sense of community, and improving outdoor features through structured tripartite collaboration among academic institutions, funders, and community organisations. Such bottom-up approaches could serve as a model for other Asian countries in their future Age-friendly development efforts.

Lastly, we critically examine four interrelated concepts: Age-friendly city, healthy city, dementia-friendly community, and smart city. By analysing their definitions, goals, strategies for achievement, and estimated impacts, we emphasise the importance of collaboration at global and governmental levels for a cohesive effort in advancing the Age-friendly movement in Asia and beyond.

Slides:

https://hkuhk-my.sharepoint.com/:p/g/person/nxia_hku_hk/EaoDVxHtpyRNnIGJDRd63sgBJ69-NBIWofMb4RxDFvZxcw?e=MEIGZt

Presentation:

Thank you very much. I'm really honoured to have this opportunity to co-organize this very important meeting on to be one of the presenters. Today I'm going to share a bit on the age-friendly communities, throughout yesterday and this morning's discussion we all have a very clear mindset that an enabling environment is important and one of the key phenomenon, theme, or frameworks that we can use to guide us to understand an enabling environment is age, friendly communities. First, we must understand why age for any committee or enabling environment is very important based on literature. We know that when we have a rapidly aging population, and we must capture different needs. In Asia, this diversified age-friendly community could promote independent living, active participation which is very essential for our active and healthy aging movement and the also age-friendly community.

It's not about senior friendly. It is about friendly for all ages. This is very important for us to understand. At this moment a lot of age-friendly community movements still talk about senior friendly. We are not really embracing different ages. I would like to highlight that Asia hosts more than half of the ageing population. In the coming 2-3 decades, we're going to host the more than 60% of the worldwide ageing population. What is more alarming is that if you look at this, in the coming future, these countries will move into what we call super aged. There are more aging countries that were moving into this stage, including Singapore and Hong Kong. We have a very mixed aging population, this is collaborative research I conducted for Manual life, which is an insurance company in Hong Kong, and globally. They're really concerned about the diversified aging in Asia, because in Asia we have very young countries, the aged countries, and aging countries who are nested in the left-hand side, in the very diversified welfare regime. That means the context is very different.

Some of the countries, as we discussed the yesterday, have very good infrastructure policies, but some do not have that. In that context, we would like to look at the importance of age-friendliness. We all understand that age friendly has been promoted under 3 very important High-Level documentations. The first is the 2002 Madrid political declaration and the international plan of action on ageing. The second is the 2004 age-friendly policy framework. Lastly, in 2004 the WHO announced towards the age, friendly, primary healthcare. In 2007 this guideline (Global age-friendly cities: a guide) has been published that defined age friendless as an encouraging activation movement which we should target to optimize opportunities for health participation and security for a high quality of life. What does it mean? Optimizing opportunities is not about infrastructure. It is about opportunities which I think this is very, very important.

Here I summarize the whole global age friendliness movement into a few milestones. First, is the formation stage, and this is the conceptualization. That means we have a framework; we have the 8 domains. And then there is the collision, that means the global, the WHO global network of age, friendly city, and communities (GNAFCC) has been established which moved to a lot of action plan. I think the framework itself, and the collision establishment plays quite a significant role in in terms of that. Then not until the 2020s and the GNAFCC recognized as one of the WHO's 10 priorities of healthy aging. This becomes a roadmap, but if we look at Asia you can see that the movement isn't very successful. Maybe it is very slow in movement.

Still, in 2015, we have 11 or cities that has been listed under the virtual network including China, Japan, Republic of Korea, Syria, Turkey, and Iran. Then in 2023, that's almost a decade later we have 110 cities. But if you look at the new countries that I highlighted, that is only 3, that means in the existing movement those who joined in 2015, they continue to move it and then more cities join. There are only 3 new countries that joined during 10 years' time. This gives us a reflection on you know why it is, or maybe it is not. Maybe this is because of the leadership or the burden of approach or what really happens. But later, I will show a bit of these conceptual issues, and how age friendliness can be achieved. The inclusive community is important. If the country is really concerned about that, we need a public space, we need some transportation innovations. We also need health care housing, basic infrastructure innovations.

In Asia the first city that joined is from Japan, Akita. It joined the GNAFCC in 2011 and established the First Action City Action Plan in 2013. Korea also joined and did a lot of things in terms of that. In Asian countries we have

other examples. But today I would like to use Hong Kong as an example of best practices. As I showed here, Hong Kong will enter the Super Age society next year. It will only take us 10 years to move into ultra-aged society, which is very, very alarming. These 10 years would be the golden opportunity for us to develop an age friendly community. One of the things I would like to highlight is we developed in parallel with the Waters initiative led by the Hong Kong Council of Social Services. This organization played a very key role in initiating this in Hong Kong. But later, in 2016, our government built an age friendly community under the policy address. I found this is also very significant, not only the bottom-up approach, but also the top policy level. They have this recognition of all. Then we have this height line. We know the age friendly community policy in Hong Kong.

After that the Jockey Club Charity took the leadership because it covered all district in Hong Kong, and lasted for 6 years, it collaborated with 4 research centres on aging in Hong Kong. It is almost covered all the territories. Here you can see that through years of development from 2015 to 2023, we have achieved all 18 districts joining the WHO's network. What are the best practices? First, we do a lot of under this movement, we do a lot of public campaign. For example, we have an age-friendly shopping mall award. We do the evidence-based in each of the district, we do the surveys, and the baseline surveys. We open call for the community-based projects that any of the community organizations can put up a proposal. We have a vetting committee, and you must justify why you want to focus on certain elements of age friendliness based on the survey and the baseline.

As I mentioned, this is a cross-sectional collaboration. We have involved the 4 ageing centres that led by universities and higher education. Then we have the District Council who have a very close relationship with. Then we have the public and business centres. As I said, we have this award that we give to these shops. Then we have community organizations, and they can put up these proposals to run their own activities and the programs. Then we have the media, and we have an age-friendly media award as well in Hong Kong. So, it is basically a bottom-up approach. I would say on top of this bottom up we have the District Council, and, we have the 2016 policy address that have the headlines on Promoting age Friendly communities. It is not only bottom up, but also top down in terms of how we can synergize the energy throughout this whole sector.

All the 18 districts in Hong Kong entered the WHO's network. Also, we have this follow up survey and you can see that the public's views on age friendliness increased a little bit, but not very much. The plan department to do an inclusive and supportive city for all planning is very influencing and important. We have our banks. This is my collaboration with the Hong Kong bank! They are starting to provide the studies, and provide age friendly banking system for our seniors, especially targeting those people with dementia in terms of new products, services, and infrastructure through the banking system. We have this age friendly design guideline published in 2019. We have the living lab in gerontechnology for age friendly homes that was established in 2022 to showcase the innovations in enabling home renovation and recommendations that we can provide to our citizens. Regardless of all these successes I would like to highlight some reflections. The first one is how this can be closely linked to our framework. I think the decade of healthy aging framework is the most important and high-level guideline for all the governments and communities to follow. We are still lacking an understanding, especially from life course perspective. How can this be integrated into that framework?

Maybe some of the countries emphasize more on a healthy city. Some of the countries started to think about the measure of friendly. There are a lot of detailed plans like in Korea and some of its cities. Maybe they have already moved beyond going to the smart city. Where is age-friendly, how we can integrate this and to think about if people are facing such frameworks, how we can synchronize, and integrate, but not split people's energy, and government attention to different things also provided? Some are provided by the WHO as well. Some are initiative by countries. The whole age friendly city movement has a missing piece which are the caregivers, during yesterday and today we highlighted a lot about the importance of care givers in sustainable development in Asia, especially from a family and community base. I'm very happy to share that I got the funding from the Hong Kong JC to run a 3-year initiative under the JC Carer Space Project, and hopefully, later, I could have more chances to share our findings with you.

How to change our mindset from capacity building to empowerment and opportunity giving? I think the H bar is a very good example. All the people don't need training, they just need opportunities to empower them, to bloom, to contribute. How can we balance this? I will not deny the need for a bit training, capacity building, or reskilling. We need more of a mindset change toward empowerment and understanding.

Even under the age friendly city movement, some of the AARP studies show that we have 5 factors. But in the European studies they show they have 6 factors, and we understand age friendliness has 8 domains. But then in the measurement side we have 5 vectors. We have 6 vectors. We have 8 domains, and no one can follow. It becomes a challenging for us to promote this in different countries and cities. We have other indexes; how can we integrate them? I'm not sure in terms of activating indexes AAI and Golden Age index that was developed by UK. We have this EU framework focus on input output, outcome impact. How can we let people know all about that? Age friendly is not only academics, but also about the movement. We must have a very clear understanding, so that the whole sectors from our older adults, community, and government can have a very a clear understanding. Without that we cannot promote because people will think in different ways in terms of that. Then it is about the Asia inferences, we do have a study showing the family issues, the collectiveness, the family values in the Asian context.

Then it is about the mechanism, we assume that if we promote age friendliness, then the older adults will get benefits. But is it true? I did some the studies looking at whether age friendliness could really promote quality of life. If you look at this, the physical quality of life may not be promoted. They need the sense of community, the mental well-being can be promoted directly through that line, so that could have more complicated mechanisms underlying.

This also shows the importance of family. Without family, maybe the social capital cannot translate into the quality of life directly. This is something we must think about, so that we can do much better in the future. I did a study on gender differences in terms of how different genders can benefit from different environmental infrastructures. A lot of things are still unknown, and we need more clear data to improve our understanding on that. My take home message here and first, Asia is aging, but very diversified in speed and in welfare region. When we talk about age friendliness, we must take local innovation into context, and to surrounding the family as a core. I have a very strong belief that we must support families in the Asian context. We must further discuss the overarching framework, the definition, the measures, the target, and that recently almost all the age-friendly movements are targeting the older aged so it's not really promoting the concept of a society. We must take into consideration, and how we can integrate tech cycle social approach into this age friendly movement. Thank you very much.

Summary:

1. Prof Lou discusses the importance of age-friendly communities in promoting independent living and active participation for aging populations, particularly in Asia where more than half of the aging population resides.
2. Both milestones of the global age-friendliness movement and its slow progress in Asia, with Japan and Korea being among the few countries and cities that have joined.
3. Hong Kong was discussed as example of a successful age-friendly community initiative, which includes a bottom-up and top-down approach, public campaigns, evidence-based surveys, and cross-sectional collaborations.

Recommendations:

1. Asia is experiencing diverse rates of aging under various welfare regimes, and the age-friendliness movement in the region should prioritize local innovation, be culturally sensitive and aligns with the context of family.
2. More study should be conducted to address the challenges and gaps in promoting age-friendly communities, such as the need for a clear framework, integration with the family and collectivist values in Asia, and understanding the mechanisms and gender differences in promoting quality of life.



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Biography:

Dr. Reuben Ng is an Assistant Professor at the Lee Kuan Yew School of Public Policy and Lead Scientist at the Lloyd's Register Foundation Institute for the Public Understanding of Risk. A behavioural and data scientist trained at NUS, Oxford, and Yale, Reuben spent 16 years in government, consulting, and research. In government, he was in the Prime Minister's Office driving evidence-based policymaking through data analytics and Singapore's Smart Nation strategies. In consulting, he co-built an advanced analytics practice at a top firm, and implemented complex analytics capabilities across various industries and functions. In research, he is an expert on ageing, social gerontology, and quantitative social science. He has been credited with creating innovative techniques for measuring societal perceptions that are applied to strategic policy communications.

Reuben has been awarded competitive research grants worth more than \$3.2 million as a Principal Investigator (PI). He has authored over 60 peer-reviewed publications and has presented at 85 conferences globally. His work has been featured in leading news outlets including The New York Times, The Washington Post, Forbes, CNN, The Guardian, The Straits Times and Lianhe Zaobao. He leads workshops on innovation that blend data analytics, behavioural insights, and design thinking, and serves on advisory boards in finance, defence, education, and sustainability. He is the first Singaporean and Oxonian to win the International Fulbright Science and Technology Award. He won Singapore's most prestigious prize for early career social scientists: the Social Science Research Council's 1-million-dollar Fellowship. Most recently, he was named a Harkness Fellow for the 2023–2024 programme, making him the first from Singapore and Asia to be awarded this fellowship.

Slide:

https://hkuhk-my.sharepoint.com/personal/nxia_hku_hk/Documents/EGM%202023/Day%202/Session%205/Dr%20Reuben%20NG%20Nov292023.pptx

Presentation:

My name is Ruben Ng as you can see here my family name, Ng as no vowels, so people often find it so difficult to pronounce. When I spend some time in the US and UK people always think Ng is an abbreviation for no good, but I tell them, no, no, it's not no good. It's a nice guy.

I'm based at school of public policy in Singapore, but I'm spending couple of months as a partner fellow at the University of Pennsylvania, which is in Philadelphia. It's currently almost 11 pm, so I'm speaking in quite a hushed tone, because my four kids are sleeping, but nevertheless excited to be here sharing with you. I really wish I can be with you in Hong Kong.

Just a quick introduction about my background, prior to joining Academia, I had a career in the public sector in AI and data consulting. I also had a stand in the Singapore Government where I was doing whole government technology master planning for aging thereafter. Some careers in the private sector and the public sector in single government. I joined School of Public policy where I'm now based. So that's really a roundabout way to share with you that I'm a Job Hopper. In fact, job hopping is kind of point in my generation. In my students' generation, some 20-25 years younger, this is celebrated as job sampling. So, it's indeed a very different world.

So today I wanted to share with you this important topic, about ageism and the agenda. I will talk a little bit about what exactly ageism is and show you some visual depictions of ageism. Then I'll proceed to present some of my current work about ageism in the media, and then switch gears to talk about why it matters if people are just negatively talking about adults. We are looking at aging more as a burden rather than a blessing. What? Why does it really matter? So, I'll share with you why, it matters not just for individual help, but also for health systems in general. Finally, our round of the sharing. With what can we do then? If ageism is so important, how can we combat agism? How can we reframe thinking? I thought Vivian's presentation was very illuminating. She focused a lot on age-friendly communities, at the end she talked about the importance of changing mindsets. So that's where I will take over and talk about what exactly is the prevailing societal mindset about aging. How can we reframe that?

So, what exactly is ageism. Now ageism was coined by Robert Butler in 1969. He defined ageism as a process of systematic stereotyping and discrimination against older adults just because they are old. It's not because of their abilities. Nothing at all like that. All the adults are discriminated against, purely based on age, and this is likening it to 2 other forms of discrimination, such as sexism and racism. He also used the term to describe how society devalues and marginalized older people, simply based on age. Ageism is a quiet an odd ball because it's almost discriminating our future self. Right? It happens a lot, current societal narratives for aging are really one of burden and I want to advocate to move away from burden to blessing. So let me just give you some examples of visual depictions of ages. I mean if you look at this McDonald's advertisement. You can have a read here on the left panel, it says if you're over 65, you get a free cup of coffee with any menu item and on the right side, we said, if you're over 65, you get a free cup of coffee with any menu item. So, this is reinforcing that older adults may be hard of hearing, or they are not very attentive. It needs to be said again. Right? There are so many advertisements that poke fun at older adults and depict a lot of negative stereotypes about older adults. I will show you another example. This is an advertisement I picked up in the UK. I'm not sure what you see here, but what this advertisement is really talking about is that this lady is old, she's going to die soon and because of that, her silk dress is coming soon to the second-hand shop, shock, and soul in the UK.

If you look at advertisements there are many images of age, discrimination in ageism, presenting all the adults in a very sorry light, or in a very bad light. The data set that we are using, we call it the cycle mix is one of the largest international news media corps. It consists of 13 billion words with over 30 million articles taken from 20 countries over 10 years. So basically, we have been compiling news media articles across 20 countries from 2010 to last week. We are constantly ingesting some of these articles.

The Corpus is growing by the week 40 to 70 million new words. It's the biggest cross-cultural corpus on international media. These are the 20 countries that this corpus brings in right? So, it's a huge corpus. We primarily use this data set to analyse some of these stereotype and ageism depictions in the media.

We have quite a few studies on this, but I'll just share one with you. We found in the news media if we focus on just the US and the UK news media, there's 6 times more negative depictions of older adults compared to positive ones. So, the ratio is about 6 to one. These are examples of some depictions of older adults in the UK on the left side and the US on the right side. As you can see, overwhelmingly negative. What is interesting is that the negative depictions of older adults in news media tend to be about fiscal descriptors of physical health. If there are positive stereotypes, it tends to be behavioural, describing them as wise, affectionate, and so on. But it's just overwhelmingly negative.

As I did some of this work, I started to reflect on what the historical underpinnings of negative stereotypes or ageism are. So that's where it led me to develop this with a few linguists. This Corpus this is the corpus of historical American language, consisting of 600 million words. Basically, we leveraged a hundred 50,000 texts from newspapers, magazines, fiction, non-fiction. It consists of 4 genres of everything that's published from 1810 all the way to 2019.

Let me share with you a little bit about the methodology. The research question really is, how are older adults stereotyped over 200 years in the US? Was it always negative? Were older adults always depicted in a negative manner? When did this negativity start? What is this content of negativity versus positivity? This study is about looking at historical underpinnings of ageism in the media.

So, because it went back 200-210 years, we needed to identify the different synonyms referring to an older adult. So, we identified 18 synonyms. So, in the past and older adults was referred to as Alt. and all that was also referred to as Geron Tick. That's how the view of gerontology came about. In the end, 11 synonyms were included based on what's available in this 210-year data set. So, as you can see here, this is the noun referring to an older person, and when it was first used. I just want to draw your attention to the phrase, senior citizen. This was first used in 1938.

Let me quickly share with you the methods before sharing with you, our results. We identified 11 older adult synonyms. For each of these synonyms we compiled the top 100 words. We call them collocates that occur most frequently with each of these 11 synonyms over 20 decades. What is the inclusion? Criteria of one of them is lexical proximity. So, for example, if we say frail is a stereotype of collocate or descriptor of elderly and frail must occur 6 words before and 6 words after elderly. So that's what we mean by lexical proximity. The second inclusion criteria are a context check. Now, context check is extremely important because of the now aged. We found that aged could also refer to goats or to cheese. But that's not what we want, right? We want aged to refer to an older person, not goats or cheese. So, the context check would say, okay, these are non-relevant sentences. Next is semantic bonding. So just briefly, if we say frail with stereotype of elderly, then frail must occur more times with elderly than frail with a younger person. We created some algorithm formulas and then we managed to compile 13,100 descriptors of older adults that are tied to each of these 11 synonyms across 20 decades. Then each of these co-locates or descriptors were quoted by 2 persons from very positive to very negative, and it we achieve quite high integrated reliability.

How are older adults stereotyped in the last 200 years? This is just US Media. This is what we found. The X axis here, or the horizontal axis, is decades. As you can see, the data set ran from 1810 all the way to 2010, about 200 years. The Y axis here, the vertical axis, is what we call the H stereotype index. That means, if you go higher up the Y axis, it means more negative still typing.

What did we find here? From 1810 all the way to 1880 are the narratives and descriptors of older adults who are quite positive. All the adults prior to 1880 in US Media were celebrated as heroes and romantics, in 1880 it became neutral, and from 1880 all the way to 2010 it was heartbreakingly negative. What was driving the negative view in the last 50 years is what we call the medicalization of aging, because all the adults now have a longer runway because of longevity. They also have a longer runway for illness. In the last 50 years when journalists write about all elder adults, is always about their illnesses and treatment. Right? So, what's dementia? Alzheimer's now? After we found out about this, we convened a meeting of journalists, and we shared with them

some of these findings. The conclusion of that meeting with journalists was that it's perfectly fine to talk about Alzheimer's and dementia for older adults, because it's most relevant to them. What is important when we write about dementia and Alzheimer's and some of these diseases of old age, is to also cite positive examples. Somebody who's resilient. Somebody, despite these conditions, is living well. Care givers, caregiver support and things like that. The key message here is that in the last 50 years what's really driving the negativity is what we call the medicalization of aging.

Let me just show you some descriptors of how all the adults will describe in just 4 time points referring to this now elderly. So, in 1820 to 1829, older adults would also be described as decent looking and healthy. Just look at older adults in in this decade, 2000, 2009, they would be described almost negatively, right? Patient, infirm, frail, disable. The way we describe older adults has really shifted over time to become quite heartbreakingly negative.

Okay, as I alluded to a while ago, some of these factors are linked to the declining trend of aging narratives. One of them was status. We realized that the high status associated with older adults have decreased, they were described as heroes and romantics, not so anymore in the last 50 years, compared to 150 years ago. Physical, medical, and physical health descriptors have also increased, indicating the medicalization of aging and we have also found that warm and competent descriptors of older adults have decreased significantly. Hence striving the negativity of descriptions of older adults over the last 200 years. The question is, why does this matter? It matters because of 2 reasons, because ageism impacts one's health negatively at the individual level and at the health system level. This, by now, is a classic study by Becca Levy, published in 2002. X axis here is really years of follow up. So, this a prospective cohort study that also followed up for almost 23 years. When they were recruited, they were asked for what they thought about aging. They would be classified into whether they're positive thinkers about aging or negative thinkers. What did Dr Becca Levy and a colleague find? She found that people who thought positively about aging had a higher survival of probability compared to those who thought negatively about aging. That survival advantage is 7.6 years, almost 8 years. So there seems to be some protective effect when it comes to positive thinking on aging compared to those who think negatively. She and other colleagues also found this impact on other health care outcomes such as cardiovascular events and in this case memory. So let me take you through this graph X axis is the age. In her sample she recruited people from 60 years to 100 years old, and Y axis at the memory score. So, if we go further up, the Y axis it means this person has a better memory score. In this study, she found that people who think less positively about aging have better memory score across different age groups compared to those who think more negatively about aging.

One of the theories that we came up with is called the stereotype embodiment theory. These self-stereotypes of aging are internalized across the lifespan. We have done quite a bit of research looking at age stereotypes in nursery rhymes which are all imbued since young and internalized across the lifespan. It becomes self-relevant when we are older and then it exerts an effect on one's health. Hence the stereotype embodiment theory, with this mechanism we thought about how negative thinking could impact one's health across the lifespan.

At a health system perspective, there was also a study done showing that the healthcare cost of ageism was calculated at 63 billion dollars annually. So how did they do that? There are so many cohort studies now in the US. This a US-based study and they found that people who think negatively about aging, were at least at a higher risk of cardiovascular events, they develop memory loss earlier. Then they calculated the cost of people who think negatively of these negative age stereotypes, ageism. The cost was calculated to be 63 billion US dollars. In this section I just wanted to highlight to you that ageism matters because it doesn't just affect health at the individual level, but also at the system level.

In the last section I wanted to share with you is what next. How can we combat agism? How can we reframe aging? In 2016, this is something that I was really heartened about, 194 Member countries called on the big show to lead a global campaign against ageism. This has been ongoing since 2016, and part of this is also to see whether we can reframe aging.

I wanted to share with you the next few studies because we had the historical Corpus from 1810 all the way to 2019 the 600-million-word historical coppers. We had this thought that maybe we need to think about how we talk about older adults? So, we thought about 2 ways that we can frame aging. One is, we talk about older adults based on their age. That means we use words like senior citizen, older adults, we foreground their age.

The other way is to foreground their roles. All the dogs play different roles, their professional roles, familial roles like grandparents, etc. Let me take you through this graph here. The X-axis here is a decade, from 1810, all the way to 2010, a full 20 decades in the historical data set. The Y axis here is what we call the cumulative aging narrative score. If we go further up the y axis, it means that the narratives or descriptors of older adults, or aging is more positive. What do we see here? This age-based framing is the black line. If we foreground a person's age, if we use words highlighting a person's age, such as seniors, citizens, elderly, and so on, it attracted very negative descriptions or narratives over the last 200 years. On the other hand, if we foreground their roles, their familial roles, to describe them, highlighting them as grandparents talking about how affectionate they are, the net negative stereotyping are much less. It led us to think that words matter, the way we describe older persons matter, especially if we describe them based on their roles. It attracts fewer negative stereotypes, and in subsequent studies we found more positive stereotypes than if we always emphasize their age.

This is another study. We thought that there were 3 different ways of framing older adults. The black line here really is when we foreground older adults based on their age. The red line here is, if we describe their professional roles, such as whether they are doctors, lawyers, you know what they do in a professional career. The purple line here is when we talk about roles in the family, maybe they are grandparents, and so on. If you look at role-based framing, it attracted more positive societal sentiments towards older adults compared to if we always emphasize a person's age. Okay, so row based framing matters. The upshot here really is, if we want to attract positive narratives for older adults, we need to talk about their important roles in society rather than always focusing on their age. If we focus on their familial roles, such as grandparents, it attracts narratives of wisdom, affection, learning, sentimentality, occupational roles, seniority, and experience. If we look just based on age the narratives it attracts are deafness, illness, social welfare, and so on. The way we frame older adults and the way we talk about older adults matters a lot.

Just 2 more studies across Covid. We looked at the new speeder coppers. These are the other coppers with 16 billion words 20 countries since 2010. We looked at October 2019 before COVID-19 came into public consciousness, until early COVID-19 in May 2020. We found familiar row-based framings here, if we focused on older adults and their familial roles, such as them serving as grandparents versus if we foreground their age, it attracted a lot more positive narrative during COVID itself.

Let's look at this other graph. The red bar here is each base framing focusing older persons based on age, and the blue box is familial, role-based framing, in this case highlighting their roles in the family, such as grandparents, and so on. So, before Covid there is not much difference, but during Covid we can see on the y axis a percentage of positive and neutral topics during Covid itself describing older adults based on their familial roles, such as highlighting their roles as grandparents, attracted a lot more positive and neutral topics, compared to if we foreground based on their age. If you recall in the recent past, older adults were talked about in very vulnerable terms, because they were a higher risk of mortality from COVID-19, and things like that. So how we describe older adults really matters.

So, the main take home message here is that what really matters? Most of the time we might see this image like this describing somebody who's handicapped on a wheelchair, right? Sometimes we see it in parking lots and in the subway trains we see, all seats are reserved for people who are disabled, who have mobility issues. A couple of months ago, when I was in Iceland, I saw that this image was shown like this. So, it's a very subtle difference, right? But this shows a lot more agency, a lot more activism. We have an ongoing study showing how images impact people's thinking about ableism, about ages and so on. But the upstart here is that what matters? Images also matter. So just a quick summary, we talked about ageism being discrimination against people based on their age, not ability. This age discrimination is really discriminating against our future self. We talked about ageism in the media, and why this matters not just at the individual health level, but also at a systemic health level. Also, what are some ideas to combat ageism? One of them is that we really need to rethink the way we talk about aging. One of the ways to talk about aging, to reframe aging is to focus on the roles of older adults, important roles that older adults play in society rather than always emphasizing their age. Thank you very much.

Summary:

1. Ageism is the discrimination of older adults based on their age, not their abilities, and is prevalent in media, negatively affecting individual and systemic health levels.
2. Historical analysis of media shows a shift from positive to negative portrayals of older adults, with the last 50 years marked by the medicalization of aging.
3. Combatting ageism requires reframing how we discuss aging, focusing on the important societal roles older adults play instead of emphasizing their age.

Recommendations:

1. Words and images matter in shaping perceptions of ageing. Subtle and empowering images that promote active ageing can help challenge ageism and change societal perceptions about ageing and disabilities.
2. We need to rethink and reframe the way of discussing ageing issues by promoting positive narratives and representations and focusing on the valuable roles and contributions of older adults in the society rather than solely emphasising their age, which can contribute to healthier aging experiences.

Session 6: Partnership in Achieving SDGs



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Biography:

Renata Kaczmarska is the Social Affairs Officer and the Focal Point on Family in the Division for Inclusive Social Development in the Department of Economic and Social Affairs (DISD/DESA) at the United Nations Secretariat in New York. In this capacity, she acts as a spokesperson on family issues for the United Nations Secretariat. She prepares publications and drafts UN reports on a variety of subjects relating to families and organises international and regional expert group meetings on family policy issues, observances of the International Day of Families and other events to raise awareness of the importance of family policies for the achievement of Sustainable Development Goals and targets. She is currently engaged in the preparations for the 30th anniversary of the International Year of the Family, 2024. She holds a Master of Science Degree in Social Sciences and Bachelor of Arts in Political Science as well as United Nations Studies Graduate Diploma.

Speech:

The broad picture of the partnerships refers to the mobilization of resources to improve domestic revenue and collection, for example, and they refer to implementing development assistance commitments. As you know, there's a long-standing commitment since the mid-nineties to contribute 0.7% of GDP to development efforts around the world, which very few countries have fulfilled. This is still valid and, on the books, and it is an ongoing inspiration. If all the countries were able to fulfil this commitment, we wouldn't have problems relating to poverty and education because there are a lot of financial funds out there.

I think we lost this vision from the 1990s. That is, once the cold war was over, we could focus on social development that vision, unfortunately, that didn't come to fruition. Mobilizing financial resources for developing countries is still very important; investing in least developed countries; knowledge sharing, and cooperation for access to science, technology, and innovation. We mentioned this in one of the sessions, promoting sustainable technologies to developing countries, and strengthening science, technology, innovation, and capacity at least for developing countries. But not only to enhance the SDGs capacity in developing countries and remove trade barriers. All of these are important for development, enhancing policy, and coherence for sustainable development. We need to be improving the data and enhancing availability of reliable data as well.

From our discussions, I picked up some points of importance. Some of you mentioned the academic research and how to communicate academic research to policymakers. I remember distinctly when we hosted a big event for the twentieth anniversary of the International family. We had a speaker, Karen Bogenschnaider who presented a power point presentation about islands. She presented different islands, artificial islands where you would have the academics. One island was academics, one island was policy makers, another island was government officials. The idea was that the academic research is not being translated into policy because we are communicating from different areas, and we don't always have channels to communicate our knowledge and research to actual policy makers that will develop good policies to make a change. For example, she suggested, since coming from the US and she did that as a researcher, she also had training for actual policy makers, so that those were people in local governments at the State level. In Wisconsin, she had these workshops for the policymakers presenting the point that academic research tells us that if we invest in social policies from a family unit perspective, we will have better results, for instance we will save on healthcare costs, etc. These talks with politicians with good focus, can achieve more, especially if we present economic arguments to persuade them to adopt a family perspective in overall social policymaking.

What is also worth emphasizing are the partnerships which include families, government entities, private sector, civil society organizations. We had some very good examples here of such partnerships. This meeting was organised thanks to a good partnership. How do you develop good working relations with the partners, with the sponsors? How we can learn from you and can share experience from the countries in the region. Perhaps you have good practices in the region, in your countries that should be showcased at the international forum.

We also would like to say a few words on how UN can be helpful. I think Sabine will present some examples of that. From my perspective, we have two ways of helping. We have a trust fund on family activities which supports research. If you communicate to me topics of research that you think are important for the region and beyond, and why this research could be useful and maybe offer your expertise, we can conduct research and then present the results through our website and organise events to promote, regional gatherings, etc. Another way is our technical cooperation activities. So technical cooperation is a way to bridge academic research with policymaking. We organize workshops for government officials on specific topics. For example, Kenya was creating its family policy. First, we helped with research and indicating what policies should be aligned with sustainable development goals. We made sure that all the important SDGs are covered and the policy talks about them, reflects gender, equality, etc. Then we had workshops on topic of interest incorporating views of academics, civil society, and policymakers. We invited government officials who would be implementing this policy.

As Vivian mentioned, the academia, the community, the examples of perhaps philanthropic organizations. I think private sectors also wants to be perceived as promoting good causes. If we can approach the private sector to sponsor specific activities that is very useful. For example, in Latin America there are awards for family friendly companies. To report on good policies in the private sector, there are guides of good practices issued every day. Examples are given of companies that, for instance, increased paternity leave for the company workers; offer generous maternity leave; have flexible working arrangements. I think this helps the private sector to be more responsible and more visible in their social work. So, if we can help the private sector to do that, and they can focus on helping their employees in achieving work-family balance, then it's useful to pursue such partnerships.

These are just some points we can discuss more, or we will have another discussion. Now I invite Sabine to give some specific examples.

Summary:

1. It is important to build up partnership and mobilize resources for development assistance commitments, investing in least developed countries, knowledge sharing, and cooperation for access to science, technology, and innovation.
2. It is important to enhance policy coherence for sustainable development and availability of reliable data to fulfil the SDG goals.
3. Academic research and communication of research to policymakers, as well as partnerships between families, government, private sector, and civil society organizations are also important in achieving SDGs. The UN can play important roles in these processes.

Recommendations:

1. Countries should fulfil the long-standing commitment of 0.7% of GDP for development assistance.
2. Private sector organizations should be encouraged to sponsor specific activities that promote sustainable development and family-friendly policies.
3. UN technical cooperation activities should bridge the gap between academic research and policymakers to create policies that align with sustainable development goals.



Sabine HENNING
Chief
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Slide:

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Presentation:

I want to show you a bit of the work that ESCAP does on the ground and how it aligns with the global and regional mandates.

So, I want to start with this slide because this is about SDGs and partnerships, identifying just a few examples of how the SDGs and the 2030 agenda are closely linked to ageing issues. For us, the ageing agenda is MIPAA, the Madrid International Plan of Action Aging. MIPAA is a mandated global guiding document Member States committed to in 2002 and to review regularly. We have a mandate to support them using MIPAA as the guiding norm-setting document. So, if you look at the SDGs, when discussing poverty, sustainable cities, and all these topics we have addressed over the last 2 days, some are really related to the situation of older persons. Above and all, of course, data and its desegregation are key. Age capping, stopping at 60, doesn't help us. We also need qualitative and quantitative data which are complementary. Other data sources need to be utilized as well. So, integration data is key. This provides a bit of an overview of the linkages.

As I said, we start with MIPAA coming out of the Second World Assembly on Ageing, which is about building a society for all ages. We need to bring all different age groups together. As you can see in the slide, there's the aim of providing security and dignity to older persons and allowing them to age with all their rights. Primary responsibility for implementing MIPAA arrests on governments, but CSOs play a key role as well, and that's what we are also trying to support. As I said, there are regular reviews every 5 years at the global, regional, and national levels. There are 3 areas of focus in MIPAA, older persons and development, health, and well-being, and enabling supportive environments.

Now, I talked about the reviews. We talk about a bottom-up approach meaning it starts at the national level, often even at the subnational level, and there's much guidance also from DESA on how to conduct these reviews. But it starts at the national level 1 or 2 years before the global or regional reviews and often it will come from us at ESCAP in the regions. They have 5 regional commissions, so we are responsible for Asia Pacific. There are others, ECLAC in Santiago de Chile, for example, for Latin America, and ECE in Europe. Different regional commissions start reaching out to countries to have them start reviewing the implementation of MIPAA within the following two years. We will advise them to implement a comprehensive, bottom-up, approach involving CSOs, and their consultations. We will support them if they need help understanding what the review entails, how it's interpreted, and how to demonstrate improvements and efforts. Once they have done this, and it normally takes about a year or so and then they will come to the regional levels. This happened for the fourth time in Asia Pacific and Bangkok, in 2022, before review took place. Whatever comes out of the regional review, will go to the global level and then to

the Commission on Social Development. That's the mechanism for aging, and how we work with our partners.

Now, I want to highlight some of the mandates that countries have been doing for several years. The first review was held in 2007, with an outcome document, coming out of the Macau Review, second, third, and fourth. The Fourth adopted an outcome document, talking about accelerating the implementation of MIPAA in the Asia Pacific. I want to recognize the regional document from ASEAN, which is very important. This is something coming out of the region, ASEAN countries agreeing on the Kuala Lumpur declaration.

This is just showing you some images of the Last Force Review, and what came out of it, or the level of the consultation is shown here. It starts at the national level, and you see what we did there when we started, and the different consultations. We not only met with Member States, but we also met with CSOs and some of you participated. We had 4 consultations with CSOS on the priority areas of MIPAA. So, we would convene this normally in virtual mode. Still, this was all covid related, and aftermath of covid virtual meetings. We would create these write-ups together with the CSOs and they would inform them the intergovernmental meeting at the regional level. This is basically the timeline. Earlier this year, we had the Commission on Population and Social Development.

Now there are certain mandates that came out of this review for us, but also for Asia Pacific in particular. To accelerate implementation of MIPAA, public awareness data is always important, and we were tasked with helping governments and support them in developing forward looking policies and mainstream aging and policies. This means not thinking about aging, policies, but try to ensure that different ministries and governing entities, focus on an aging essay works for other topics as well. Make sure it's always there and then utilized all the resources we have in the region to work together on this. We started convening this informal now, it's more formal, regional network of focal points on aging. We started in 2020 and its UN entities meet on a regular basis with some CSOs to discuss. We're sharing of information, etc. Next Monday is our next meeting, so we're convening UN entities, mostly in Asia Pacific, UNFPA, ILO, and UN women to share information and see how we can collectively and jointly support Member States.

Now, if you want to look at this, this is coming out of the outcome document from 2022, and I just extracted language on family and intergenerational relations. It's clearly on health and wellbeing, enabling, and supportive environments. It's important to have outcome documents like this because this is something we can enhance and try to hold governments accountable with. Now, it's good to have something and be able to say, how did you do 5 years or 6 years from now? We will convene the next regional review and the Global review, and we can say what happened between now and when you convene again.

Now let me give a few examples of the specific words. So, along the SDGs you saw the linkages we're particularly focusing on regional dialogue. We're bringing countries together and bring CSOs together. We're also participating in meetings, like this one to here, to learn and help exchange information. Now we are trying to build capacity in terms of working with governments and CSOs and we're collecting data and helping countries to collect data. As I said, this aggregation of data is very important on this topic.

Now different areas of work, active and healthy aging, we're working with WHO, the decade of healthy aging is very important to us. This is one pillar of our work, digital divide. We have special projects sometimes on this, for example, we have a product funded by China on a digital literacy of older persons. We're working through CSOs, such as older people's association in certain countries in Asia to first assess the digital literacy, and then think about e-learning courses, etc. and how we can help them overcome the digital divide which we heard of already. We're working on decent work, universal health coverage, and climate change. We have been working with Korea, and with some other countries in Southeast Asia to discuss how to allow older persons to stay in the workforce longer if they want to. What are the policies? How can we influence the policy makers in terms of that? What are the benefits of this? We saw a bit of this yesterday already in the in the meeting, it's a very important topic, and clearly, something countries in the region can learn from each other on.

Now, this is something very practical. We're doing these regional reviews on a regular basis. Countries, in terms of doing their national reviews, must, or on a voluntary basis, complete surveys. They do an assessment, and they submit this to us, and if they agree, we post it on the website. From the last MIPPA review we have about 22 survey responses which we were posting or have posted on the website. Out of that we extract information which we then make available to other people and other countries. As part of this exercise, we have a database, a policy database, providing the latest information about older persons. Yesterday we had a few copies of this data sheet. That's part of this exercise, just showing data, showing where countries are on demographic, social, and economic indicators, all publicly available. We're just pooling it together and compiling it in a nice and accessible way. But it's also available online.

This is a dashboard, the policy dashboard coming out of C surveys. We're extracting information. This is a living document. Seeing if Singapore has an action plan, or if Hong Kong has something, we'll try to put it there. Of course, we are relying on people supplying that information to us doing the research. But we're building this as something very useful. We hope that countries can find a lot to work with in terms of good practices in other countries. What do you do about age friendly cities? As I said, it's a living document, and I'm calling on you to provide that information so we can build up this database further. It's an exercise that some other regional commissions are also starting to do. I think collecting policies is very important.

This was coming out of this workshop on the Force Industrial Revolution Labour Force. As you see, there were specific countries to work with. We're organizing meetings. We're working with academia, we're bringing in CSOs allowing people to exchange information coming up with recommendation. So, all of this under this project, and very successful implementations.

These are a few other countries who we work with on the surveys, we particularly supported, as you can see, Bhutan, Cambodia, Lao, etc. I want to say a few words about Lao and Maldives. They came to us afterwards, and they really wanted to revise their policies. We've talking about Hong Kong and Singapore, and Japan. But if you look at the data for the Maldives 8.3% of the population are 60 plus right now. By 2050, we're talking about 34% according to UN population projections. It's an area very far away, very dispersed. But how do you know? How do you envision policy making in there? What do you need to do? They have one long term care centre and of course, some UN entities are helping them. They approached us, and we have been working with them for about a year or 2 now, starting with a policy, and some action plans. What we do is we would go in, consult with other UN entities, bring them in, and we work with CSOs. As Renata was saying, we support consultations. Consultants will put something on the table in consultation with the government like an action plan, and we will review this together. We are just in the background, but we provide the support and try to revise it, and then try to elevate it within the government, and hopefully it can be implemented. We have some success to report, for example, in Laos, we started during the pandemic where they came to us and wanted to develop a decree on older persons. Just 17.4% of the population of Laos is 60 plus, by 2050 15% or 7.6 million people. We went in and told them there's some guiding documents, here is the experience from other countries, and they came up with a decree that was adopted in 2001. Now, after that they wanted an action plan and a strategy. How do you implement this? Again, we're trying to bring countries and the different entities within a country together to work on all of this. These are just a few examples, as you can see there. Now, some of this we write up, these are some of our papers and reports. They're all posted on our website.

We do e-learning, we have some courses on aging. What does it MIPPA mean? What does it mean? How do you implement policies? Some of this, we're doing more and more because of Covid. We're going online. So, I very much encourage you to look at that.

I just want to add one more thing, and this hasn't really become up. There's also a bit of discussion in the region, but also in other parts of the world, on the rights of older persons. There's an open working group in Geneva that is discussing rights issues and trying to figure out if there's supposedly a new instrument that captures the rights of older persons. Discussions have been going on for 10 years. Governments have not really found a way toward one document. It is something on the minds of some countries in the region, but also outside the region, Latin America especially, feels very strong about this. Some countries are also

discussing rights is an issue. The question is, do we need an extra instrument for this, to hold countries accountable or not? That's where we are. As I said, it's an ongoing discussion, you might just want to pay attention to that as well. We're looking forward to working with you and hearing from you. Thank you very much.

Summary:

1. Population in the Asia-Pacific region has been ageing rapidly. It is vital to make responsive and comprehensive policies to address the challenges and opportunities of an ageing society.
2. The Madrid International Plan of Action on Ageing (MIPAA) aims to ensure that individuals can age with dignity and continue to participate in their societies with full rights. The presentation outlines its implementation, review, and appraisal process at the national, regional, and global levels.
3. ESCAP works to support governments and CSOs in building capacity on population ageing policies, collects data and statistics, and promotes best practices in areas such as health and well-being, lifelong learning, and social protection for older persons.

Recommendation:

It is important to enhance intergenerational solidarity, incorporate ageing into the 2030 Agenda for Sustainable Development, and foster partnerships to address challenges related to population ageing, such as climate change, the digital divide, and the Fourth Industrial Revolution.

Session 7: Impact of COVID-19 and Recovery Roadmap



Impact of COVID-19 and Recovery Roadmap in China

Peng DU
Director
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Renmin University of China
China

Biography:

Prof. Peng Du is director and professor at the Institute of Gerontology, deputy director of Population and Development Studies Centre, former vice-president of Renmin University of China, He is vice-president, China Gerontology and Geriatrics Society, vice president of China Population Association. He has been the board member of HelpAge International (2008-2016) and board member of United Nations International Institute on Ageing (since 2008), he served as the chair of International Association of Gerontology and Geriatrics Asia/Oceania Region from 2009 to 2013. His research interests are population ageing and ageing policies. His publications include *The Process of Population Ageing in China*, *The Older Persons in China*, *Social Gerontology*, *The Value of Older Persons*, *Who will support the Older Persons*, *Ageing Issues and Policies in EU Countries*, *Population Ageing: Changes and Challenges*, *Disabled Persons and Their Social Protection in Rural China*, *China's Population in the 21st Century*, *Ageing Society and Harmonious Society*, *China's 20 Years in Ageing Society: Achievements, Challenges and Prospects*, etc.

Abstract:

The impacts of the COVID-19 pandemic are severe, taking a toll on countries, populations, and families worldwide. For China, in terms of population development, the employment instability, the burden of childcare and the delay of marriage and childbearing in the epidemic have directly exacerbated the decline in fertility. The extremely fast transmission speed and strong infectivity of the COVID-19 directly pose a great threat to the health and have a major impact on the life expectancy. And the epidemic also exacerbated people's mental health problems. In this epidemic, the elderly is disproportionately affected as a vulnerable group, both in terms of health and daily life. In the family, the pandemic has led to an unprecedented increase in the need for family care and women taking on more domestic work, which has had a negative impact on gender equality. Moreover, the epidemic has also subtly changed the pattern of family interaction and relationship. Recovering better from COVID-19 will depend on efforts to strengthen policy support, social protection, and social cohesion. In terms of population policy, it is necessary to improve the reproductive support system and release the reproductive potential accumulated during the epidemic. And more importantly, we need to improve the health prevention and control system, enhancing the ability to respond to major public health emergencies. At the same time, it is also necessary to pay attention to the mental health of the population and enhance its resilience. Focus on the elderly and strengthen the elderly care service system in the post-epidemic era. In terms of family policies, we should establish social protection policies to enhance their ability to resist risks. Establish a family care and support system to reduce the burden on women and promote gender equality in families.

Slide:

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Presentation:

Okay, good afternoon. Thank you, the host, for giving us the child student to share the research findings and experiences about the impact of COVID-19 under recovery.

The background is that in China we have been affected by the pandemic for more than 3 years. It's much longer than other countries. Also from the beginning, there was an impact on the older due to the pandemic, according to the WHO report last month. In fact, the pandemic has resulted in more than 770 million infections and the 6 million deaths worldwide, it's a very serious impact. The pandemic is the most serious, infectious disease that has occurred globally in a century. It is the fastest spreading public health emergency, most widely infected, and most difficult to prevent and control. In fact, that last large number of people were all affected in the post pandemic era. The pandemic may not disappear completely but has its ups and downs. After 3 years it is likely over, but it gave us many experiences and lessons. If we have a similar pandemic again, not just COVID, we know how to evaluate the impact and how to prevent the negative impacts. In fact, 2 years ago, before the end of 2020 I published a paper to evaluate the impacts and the enlightenment of the health services out of it. When I wrote the paper, I thought it was almost over after one year, I didn't expect it to last for another 2 years.

What kind of the impact has COVID had on our population and families? That's the key issue. What matters should be considered to cope with the impact of the pandemic on population of families in the post pandemic era? That's the 2 key questions.

The first part is the impact of covid on the population generally. Covid furthered the crisis of China's fertility levels. Although we have ups and downs in the fertility levels in the past decade, last year was the first year in the past 6 decades that China had a negative population growth.

At the beginning of the pandemic, in 2020, we had annual new births of about 12 million. After that, by the end of last year, we have only had 9.5 million new births. Because the death toll was 10 million past a year, so for first time we had negative population growth. Although we can't say that is a direct impact of the pandemic, but it has had a very strong impact for the fertility in various ways to affect the fertility. At the same time, a combination of factors has led people to delay entering marriage, dampen their desire to have children and postpone or cancel their childbearing arrangements due to 3 major reasons. The first is due to 3 years in a pandemic causing very slow economic development, and many young people have lower incomes, or more challenges finding employment. The second reason is due to the restrictions and quarantine. Many school students had to stay at home, and their younger parents spend more time with them than before to offer offline teaching. They spend more time with their children, and they are more anxious about the situation. The third reason is suspended services, many public services were suspended. You may have wanted to register your marriage, but offices might have been closed. A similar challenge existed for medical services. All these reasons may impact childbearing.

COVID had a major impact on mortality and life expectancy by research by American scholars estimates that after the 3 years, some countries or even globally, life expectancy might be decreased by 2 years. That means we have had more deaths during the 3 years, especially for some old persons. The number of deaths in China, has climbed somewhere in the short term after further adjusting preventive measures. That means last December, one year ago, after adjusting preventive measures, we had a huge boom of the infectious population. That's around December 15th around that time. So, most of the Chinese, they got the infection during that month and especially because that was the cold winter. Those older people with chronic diseases were affected much more than the young persons.

COVID has had adverse effects on mental health due to restrictions on moving and office work transitioning to remote working. The outbreak has significantly increased public anxiety and depression especially for older people. They must stay at home. In the presentations earlier today, they also talked about the

situation. So, people didn't know how long that will last. And, in fact, 3 years prevention is almost the maximum for the region and period. In fact, many people are affected mentally by this pandemic. In the early stages of the pandemic, the situation was even worse, due to incomplete information about the channels of transmission of the virus, the treatments, and the safety measures led to public fear and the anxiety. The blockade might trigger a state of anxiety and insecurity. In fact, after 1-2 years at least, people knew that it's not as much of a fatal disease. However, at the beginning, when we read about the news in Wuhan city and many people may have been quite anxious about the situation. So that's for mental impact. The impact of the covid on old persons. It poses a significant risk to the lives and health of old adults. The pandemic has affected daily social interactions of all persons. As we talked in the past sessions, more and more old Chinese people are living separately from their children, and many of them may have a digital divide. They couldn't excise to purchase due to older, to purchase the daily food or some supplies. If they want to visit the doctors at the beginning, they had to use the Internet to book online. So, for many old persons, they might be affected more comparing to the young population, young people. So that also has very strong adverse impacts on their mental health. Especially for the oldest old, they need some treatments or long-term care. Due to the blockage many caregivers couldn't reach the older persons, and the old persons couldn't get social support from the outside. The prolonged duration of the pandemic has further led to the integration of older adults into the information society. When they live with their children, their child can help them access services, but if they are not living together, they have less of a chance to communicate directly, possibly causing problems especially for the digital divide. In the past 2 years I published 6 papers on this problem, how to have more inclusive majors in such a digital society, especially to help the older persons.

The second part is the impact of the covid of families. The first part is population. The second part is families. In fact, the most important impact is that the economic stability of the households was affected a lot. The households were hit at the economic level because of the income decrease and the job problem. Many families were affected by less income, and they might spend more in daily life because you must book everything online. You must purchase preventive tools and that may increase the cost of daily life. There was an unprecedented increase in demand for home-based care because institutional care was blocked. It was very difficult to send older persons to nursing homes. They had to stay at their own home, so the home-based care increased a lot during these 2 years. In fact, internet care was developed quite rapidly in the past 2 years. I personally also use these services. If you need a nurse, a professional nurse, to come to visit older persons at home to give some injections, to help them to change something, you can order them on the internet, and they will come to your home to help. At the beginning, in the first and second a year, it was very difficult to have such professional services. By that time, if you wanted to take the older person, from home or from the nursing home, you must have determined whether they are infected. If you visit the hospital, you must be quarantined from the nursing home for 2 weeks to see whether the old person was infected. Many old persons may delay their visit to the hospital to see the doctors because they are afraid of that. The impact on the household division of labour and gender inequality was quite an apparent phenomenon because the whole family had to stay at home. Usually, the women must prepare meals, take care of the older persons, older the parents, the children, so they may do more than before. They spend more time with their children, with the whole family together. They play a more important role than before. The good part about the changes in family relations may be that there are more interactions among the family members. The negative side may cause more conflicts because people never stay at home for such a long time, especially the children. Children spend most of their time at the school. The third, I want to talk about the based on that, the recovery road map. Just take China as an example. As I introduced the key idea we have during the research and our recommendations to the policy for the post pandemic era. The first is to improve the fertility, support systems, and enhance fertility intentions.

China changed the population policy in 2016. There was a baby boom shortly after that, for 1-2 years, and then it has continued to decline after that. Especially for the second child and very little part for the third child. This means that the population policy may not have a sole, immediate impact on changing the negative population growth. Especially when we consider the economic situation, it takes a longer time to recover. After the recovery there are more chances for young people, they can find a better job, better income, and then they might think about having more children. Under the current policy, the government

tries to give more subsidies for childbearing, longer leave, they also give taxation benefits for the primaries with more children. They have had quality development of a universal childcare service system on the one hand, that means the government is trying to have better childcare, facilities, and services be even cheaper than before. On the other hand, means with declining number of children, they must concentrate that they must put the kindergartens, the services, or even primary schools, to the town, or some key spaces. That means comparing to before, maybe for the parents, it's more difficult for them to send their children to neighbouring kindergarten.

This reproductive rise and the interest of female pro groups must be safeguarded. That means, although we have taxation benefits for 2 or 3 children's families, but at the same time with longer maternal leave maybe. That affected the women's career development so for a longer time, maybe it's not beneficial for the young women. So, we must have more comprehensive policy incentives for the young couples to have more children.

another. You see, how to improve the health prevention and control system and the enhanced ability to respond to major public health emergencies. If we when we think about, if we have a similar. even to less extent, of such a pandemic, what we can learn from the previous pandemic. whether we can do that better than the last 3 years. What's the lessons and experience from that?

And the third is a focus on the mental health of the population to enhance the psychological risk, resistance, and resilience. Even after the 3 years now, is free to travel. to, to work anywhere but for psychological issues, maybe even serious than before. Because in the past 3 years you can, conclude, can lose to say, okay, the reason is the pandemic. But after the pandemic. If you cannot find a job you cannot by and better income position so for many people, maybe they have an even stronger negative impact that may cause some psychological problem.

The fourth is how to focus on the older adults and improve the social governance system for the aging societies. We focused on the digital divide in the first 2 years because the digital development was regarded as the positive with regarded as the progress of the social, economic. But, in fact, after the pandemic and we had to think about for example, the Forbidden City Museum in Beijing. In 2017, they announced that they cancelled the ticket office that was regarded as a progress. That means you must log on the Internet to book your ticket even here. Same where try to visit the Palace Museum, the newly opened. You must go to the website, and you must order that online. But after the pandemic we must realize for anytime the older persons they may part of them. They have. They have a digital divide. Even, we work hard to narrow that. So, for another perspective, whether we can have more digital inclusive majors when we develop the digital technology. Anytime, we think about the older persons. Maybe they have a negative they are left behind due to the digital technology development, not just for the disease prevention, but also for the air services. So that's more positive for the policy orientation. Not just try to narrow the digital divide. But how to emphasize the digital inclusive. And then, how to establish the support system and the transcendent family's resilience to risks. for example, how to enhance the social protection. in the past 20 years, when we review last session, we talked about the Madrid, the MIPPA, in fact. Last year. I did a book to summarize the 2 decades development in China and after the Madrid conference. So, we try to. It's over beers we have very huge development, progress for social protection. But when we think about the future still, we have a mini gap to feel, for example, the rural and the urban regions. We have a universal coverage of the pension by now, but still a huge gap between the rural and the urban regions we have. We still have, differences from the East to the West especially for the older persons protection. And, for young couples how to enhance the improved job protection. China has shrinking population, but at same time we have a very big share of young people. They are enrolled in the higher education system. So, this year we have a graduate for about 12 million just in one year. So, the government to task for annual job creation is 12 million positions. But even for the higher education graduates, it's almost the similar number. So, according to the 2020 national population survey the current 20 to 24 years old, young people! More than 53 percent. They are enrolled in the higher education. So, for them they were. They are the biggest investment of families. And because in the past 25 or even longer period. The family invest a lot on their children. So how to protect their job opportunities balance the new technology and the job opportunities for these young

people. It's very strong challenge for China currently and share the responsibility. within household. I mean, in the past 3 years, maybe the gender issue was covered by the pandemic. But now it's more serious if we try to discuss about how to promote the benefit of the families, the, the based on the whole family. We must think about the gender responsibility. Even within the household. China is trying to develop the social care system after by now, after 7 years pilot programs. China is trying to have the long-term care insurance system based on 149 cities experience. But at the same time, that means we will have more and more old people living separately from their children. But it doesn't mean the gender issue what can be avoid for such a trend.

Last year, I hosted a conversation with a Japanese, Korean and Dutch scholar. We discussed the low fertility and the common point at last, in addition to the social security for the account managers, incentives to have more children in Japan, Korea, and in Europe. The common point is how to share the responsibility among the couples. Even so, Sweden, Finland, that you can see, might be husbands. They are taking care of the babies on the streets, but it's rare in Asian countries to see the husband is doing that publicly on the stress it's more common. The leader is the wife they are taking care of the children. So, after the pandemic. If we really want to strong family benefit. So still, the gender responsibility should be paid more attention on that. So that's my key points. Thank you for your attention.

Summary:

1. COVID-19 has led to a decline in fertility rates in China, with fewer births occurring in the past two years. The pandemic has caused short-term increases in mortality and decreases in life expectancy. It has also significantly impacted the mental health of the general population, such as increased public anxiety and depression.
2. Older adults are particularly vulnerable to the virus and have faced challenges in social interactions and access to information, exacerbating mental health issues and the digital divide.
3. The economic stability of households has been affected, with decreased income and increased expenditures, leading to changes in household division of labour and gender inequality.

Recommendation:

1. To address the impacts in the post-epidemic era, measures should be taken to improve fertility support and enhance childcare services.
2. It is also necessary to strengthen health prevention and control systems to respond to major public health emergencies.
3. Specific measures on mental health improvement and support system establishment for ageing society should be implemented to support older adults and the family's resilience.



Path to Recovery from COVID 19: Towards Holistic Wellbeing of Older Persons and Families

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Biography:

Dr. Mala Kapur Shankardass is an international consultant, academician, researcher, writer, and activist with higher educational qualifications inclusive of doctoral and post-doctoral specialisation in sociology, health social sciences, gender issues, and gerontology (ageing issues). She retired in March 2021 after 38 years of teaching experience and holding important positions as a Senior Faculty Member at the University of Delhi, India. She has done and continues to do prestigious assignments for various Indian and foreign institutions including United Nations. She is a member of different Committees constituted by varied ministries and departments under the Government of India. She holds honorary positions with a few international and national organisations, is affiliated as an Expert/Resource Person and delivers lectures/keynote addresses, chairs technical sessions, examines research projects, reviews manuscripts for publishing houses and universities based in India and abroad. She has published 12 books with reputable world publishers, has 3 forthcoming in the next few months, many chapters, and over 100 articles in specialised journals, magazines, and newspapers. Since the 1990s she has been the recipient of fellowships and awards for her professional work. She is a Board Member of a few civil society agencies, and an Editorial Advisor to scientific journals. She works at both micro and macro levels advocating for appropriate policies, programmes, research, and pragmatic action from a rights-based perspective and with a life cycle approach towards quality-of-life issues for the wellbeing of humanity across ages. She is a life member of various professional bodies related to her specialised fields and holds important positions in them. She is a Founder Member and Managing Trustee of the Development, Welfare and Research Foundation, a voluntary organisation registered with the Government of India since 2000 and has produced many meaningful programmes under this umbrella by collaborating with various institutions all over the world.

Abstract:

COVID-19 pandemic had a devastating impact globally but some segments of the populations in different countries were more vulnerable to this disaster, among them older people were uniformly across the world affected in many ways. The drastic consequence on their physical and mental health, affecting their economic activities, lowering their financial status, affecting their social positions, relationships in the family and communities, isolating them in more ways than one, distancing them in society from various benefits, services, entitlements – all these impacts made older people the most vulnerable section in almost all societies.

For many affected with COVID 19 the recovery seems to be prolonged, being referred by experts as 'long covid'. Evidence is emerging on post corona viral syndrome among a cross section of the population. Many 'good practices' indicating a response from health, community, and social care professionals towards recovery from COVID 19 are emerging for various cohorts of the population. Of importance is also the role of family in rehabilitation with emphasis on intergenerational solidarity notwithstanding that a significant challenge exists. Enhancing the interface between hospital, community care and family care givers is crucial towards maintaining physical and mental health of different population cohorts. How to address the changed dynamics of families in terms of financial, social, and health parameters and related to the status of older persons affected by COVID is pivotal given the situation of demographic transitions occurring in the countries. There is a need for an integrated health and social care model to obtain the optimum recovery after COVID-19 and this article through discourse presented critically reflects on it.

Slide:

https://hkuhk-my.sharepoint.com/:p/g/person/nxia_hku_hk/EZgKN1BpaEFNofrr8G47SJsB0xYFRRJaDvOQiWFpVbxig?e=TtA12s

Presentation:

Being the last speaker of the technical session has certain disadvantages and advantages. The disadvantage is that lots have already been covered and there's the danger of repeating and talking of the same issues. But especially in the sense that what I'm going to talk about relates still, to many of the aspects which have been covered in various sessions. But what we need to put in practice is more than from the perspective of Covid and beyond. In a way, it was a good thing all the things were interrelated, but each session emphasized certain specific dimensions. There are lots of things that will fall into place as I give my presentation to you. The advantages are that you've heard a lot and you've had enough of listening. People tend to doze off, so you are not going to critically review what I'm going to say, anyway.

So, moving ahead I'm going to just share with you some of the research that I have been doing in this field, and 2 books of mine cover many of these aspects. One of them came out this year and that is a handbook of the COVID-19 pandemic and older persons presenting narratives from India and beyond. It has 41 chapters which deal with different responses and issues in different parts of the world, in different countries. So, it is a sociological risk reflection on the pandemic and it's talking about redefining the normal. It had a devastating impact globally, but its impact was felt more in low and middle-income countries and the vulnerable population was older people. There were prevailing structural health and social disadvantages that made people vulnerable to certain serious health issues. Also, the societal dynamics changed due to COVID-19. So, the acute morbidity patterns were set in and reflected the comorbidities showing up. This was also possible because if older people already had lower health status, then they were given low priority in vaccinations, health care, and social services. So, the odds of survival for older people were lowest and then getting them out of the drastic consequences which affected their physical and mental health along with improving their financial status which was affected with the loss of jobs and supportive family members. The care was becoming critical, so it affected many of the quality-of-life issues and adjusting to changes. Family relations changed, and it was required because in some cases there was more burden of care which led to also isolation, the experience of neglect, abuse, and violations of rights increased during this time. Also, the meaning of being dependent and independent gave rise to new normality. So, there was a lot of dependency which was seen between generations and something that strengthened was intra-generational support. It defined how we look at things from the new normal and community interactions seized during the pandemic time but are now bouncing back. The impact of long covid is also visible now so we see declines in many health parameters, especially in chronic ailments, because of the pandemic effect.

There is a medium-term or even long-term impacts and we must understand these. So, the result is many challenges in managing these and these challenges are for older people themselves but and for family members, care providers whether they are residing in institutions providing long-term care or are living at home. All have different sets of challenges which we need to consider. Health and social issues are getting aggravated, one, because of the pandemic, and the other is due to limited geriatric professional care available. We have weak primary care services in some of these countries and preventive measures are not seen as a necessity. The scarcity of community care providers, there is low social protection, and there's increased vulnerability to all kinds of abuse, there is also a lack of awareness of aging issues, non-recognition of rights, and resilience of people. Other emerging concerns relate to how the pandemic showed how the loss of a spouse or a family caregiver can make things difficult, how increasing loneliness, and the burden of care can become difficult to manage. Also, not making appropriate use of technology can bring about certain hindrances.

There are not enough employment or livelihood opportunities for older people and there is no appropriate or adequate understanding of the dynamics of changing intergenerational relationships, so redefining normality is fuelling the difficulties in reviewing paths to recovery from the pandemic.

So, the growing concern is how to improve older persons' quality of life affected by physical, psychological, and functional sequelae due to COVID-19, its aftereffects, and related issues including the non-existence of appropriate age-friendly provisions for health and social care. There is an emerging urgency for proactive policies for improving the health and social care as well as the financial security of older persons but also wider societal issues of combating ageism. Stopping elder abuse and working on improving quality of life by focusing on enabling environments, need to be addressed to improve the ground reality. What are some good practices for responses from health, community, and social care professionals or workers towards recovery from COVID-19? How do we strengthen aging societies to face future challenges which might arise, due to disasters or climate change impacts? How do we enable people to face crises in the future? These must be put in the context that people are living longer even with various morbidities and many chronic ailments. So, what we need to look at is how can we support people with whatever they have instead, it's not easy to just change the situation. We can't just suddenly move to improve the health status; it is a long-term impact. We must keep that in mind, what would be the long-term, mid-term, and short-term changes that we need to bring about in both the health and social care systems?

Critical questions are, how do we enhance the interface between hospital community care and family caregivers by considering the interests of different generations involved in the delivery of care? So, I like the point that was made earlier not to just focus on older people, it must be across generations, so physical and mental health of different population cohorts can be maintained in the care delivery process. I mean here we need to understand the needs of an 80-year-old person will be different from a 60-year-old person, and even in some parts of the country, where aging is also being noticed in terms of 50 years how things can be different. What kind of integrated policies can change the dynamics of families in terms of financial, social, and health parameters, particularly related to the status of older persons who got affected by Covid, be addressed, and what kind of integrated health and social care model may be developed to obtain the optimum recovery. A pertinent issue is, in what way can disaster or health emergency preparedness be maintained, especially in the context of low and middle-income countries, countries where it is minimal? How do we strengthen the base? Are there any good practices in place, and should they be replicated across countries? What did the pandemic teach us to better the wellbeing of older people and families?

We may consider beginning with strengthening healthcare systems, improving health infrastructures, and service facilities. There are still many areas in our countries where availability of health services is just not there. They must walk miles and miles to reach a particular service. Increasing coverage is critical, especially for vulnerable groups, such as older persons, women, the disabled, those on the margins, migrant workers, slum dwellers, homeless, and transgender, etc. The mainstream is quite silent to provide services to them. How can we build an interface between healthcare provisions at hospital, primary health centres, community centres? What can be the role of each to provide holistic health? Looking at the intersectionality between prevention, treatment, cure, rehabilitation, and end of life care. Especially during Covid, we found that end of life care became quite important. Many of our countries, especially in India, don't have much provision for supporting this, so what kind of emphasis should we have on integrated care? What kind of partnerships should there be between governments, civil society, organizations, NGOs, older people's associations, and the industry? Above all, should we just be giving it to older people? Or should we involve older people in planning, developing programs and in execution? During Covid, especially in India, I found that when we involved the senior citizens or older people's associations in delivery of services, in delivery of food, it did better than bringing outside support; they could manage things quite well.

So, we need to expand our thinking on understanding the role of preventive measures. If we have prevention as the base, then many of the drastic health impacts can be reduced. If we have vaccinations available, many things can be prevented. Humanization and covid also taught us that emphasis on nutrition is becoming very important to strengthen the immunity of a people. Being active physically and mentally can help. Life cycle approaches towards dealing with health and social and financial insecurities also become important. We need to also comprehend the meaning of burden of care and building mechanisms to reduce it, making it less women centric. I thought the pandemic taught us a lesson because many people try to become self-sufficient. If people can look after themselves during crisis, why can't they do it in normal circumstances? Why should crisis bring out the best in us? Setting up universal healthcare and coverage as a

priority is important. It can be a comfortable roadmap and strongly inventing cared and well-being as standard operating procedures at all levels of society by the government. The pandemic taught us to emphasize on well-being as a concept. This can be made easier by emphasizing on life-course health and protection through better allocation of healthcare budgets and financing better delivery of health services universally.

A strong recommendation is also for a social development policy which encompasses emphasis on decent work and growth opportunities because many people lost their jobs and financial support. We need to really strengthen the informal sector in Asia, where a lot of people are already involved. How can that be strengthened to remove certain insecurities, what kind of regulations need to be put in place to protect and secure economic activities? What are the choices we give people who are self-employed or otherwise? There is a lot of intersectionality which needs to be recognized between aging, gender, livelihoods, and how it impacts the financial status of the aging population and their health. What are the connections between limited provisions for distribution of social pensions and old age? Income security in Asia is an important aspect which needs attention. One must really think about in Asia, especially, I would say in India, Sri Lanka, Nepal. In these countries, the justification for retiring people at age 58, is now increased to 60. And what we are looking at is working life is less than retired life in general. Life expectancy has increased. People are living till 90 years, so 30 to 35 years is a retired life, or without working life, and 25 to 30 years is your working life. The working life is less than retired life in general. Where do we bring about this balance? Good practices for enhancing income security are increasing access to credit facilities, providing livelihood opportunities and facilities for skill development, and later life education. In India, Bangladesh, Indonesia, Thailand, we see many good examples of these initiatives. Thailand has near universal coverage in implementing non-contributory pensions. Myanmar introduced a tax funded non-contributory scheme for super older persons. Singapore has taken initiatives to introduce match savings for Central Provident Fund members, and all this focuses on improving quality of life of older persons and enhancing intergenerational relationships. It changes dependency equations between family members. For example, in India a grandparent would say, "my pension helps me to buy things for my grandchildren" and it changes their equation with grandchildren. The work of women in informal employment, globalizing and organizing and reaching out in Southeast Asia is very commendable in terms of income security, and how it is supporting informal sector workers and interactions between generations. Similarly, home net in Thailand and Philippines is also worthy of following.

I want to stress the significance of digital literacy. If digital inequalities are addressed, it can help with the delivery of healthcare to improve the physical, mental, well-being both in institutions and in families and it can be a means of providing financial security as well as ease of economic transactions. Helping in banking matters can be strong facilitator for better environments, for intergenerational solidarity. This came through during the COVID. Seniors Go Digital initiative in Singapore is a good illustration. Similarly, in India, we find digital healthcare provisions are becoming strong at both institutional and community levels. NGOs are contributing towards raising digital literacy by involving younger generations, providing learning of various technological devices to improve care, reducing burden on caregivers. Many Asian firms are introducing products that are elderly, friendly with senior mode display connections which contribute towards better usability and acceptability.

There are certain considerations which we need to keep in mind. How do we improve the human interface for older people? Digital takes that away. How do we empower older people by using technology, but also teach them to safeguard themselves against misuse of digital issues? Also, we find in terms of intergenerational bonding there is a lot of emphasis on counselling rehab facilities. Preventive care younger generations are coming forward to educate seniors on many of the new innovations and we are finding that curative health services are being provided through setting up of healthcams, mobile bands, and so forth. There are lots of linkages between providing 24/7 services and dealing with chronic ailments. We also have lot of emphasis on partnerships between various sectors of the society.

What we see is of some of the good practices which have been highlighted. I think a good practice which has emerged after Covid is a lot of interactions between Government CSOs and older people's associations.

Volunteering has become an important aspect. Loneliness is being addressed through these mechanisms. Active aging practices are being brought into distribution of pensions, and we see a change in behaviour from dependency to sustaining independence.

What I would suggest, and this was talked earlier, is securing urban spaces, having adequate housing, providing transportation facilities, social participation, employment opportunities. There needs to be an emphasis on social inclusion, improving community support and health services, and enhancing communications on health and social care. We need to strengthen healthy and family well-being. We want to foster more intergenerational solidarity through interpersonal relationships. We need many more studies to provide appropriate evaluative data which talks of the 8 supportive social and economic environments. It's criticality for older health to address how we can remove isolation, encourage self-development, empower older people. All this needs to be documented. Our biggest problem in developing countries is our research and documentation are poor, and so a recovery path involves many sectors of the society working in an integrated way. Thank you.

Summary:

1. The COVID-19 pandemic has had a devastating impact globally, especially on older people in low and middle-income countries.
2. Older people face various health and social disadvantages, including co-morbidities and low priority in vaccinations and healthcare.
3. Challenges for older people include physical and mental health issues, financial insecurity, changes in family dynamics, and increased vulnerability to abuse and neglect.

Recommendations:

1. To improve the quality of life for older people, there is a need for proactive policies, strengthening healthcare systems, improving social care, addressing ageism and elder abuse, and involving older people in planning and execution.
2. Eight crucial domains on the road to recovery aim to strengthen health and family well-being by focusing on secure spaces, housing, transportation, social participation, employment opportunities, social inclusion, access to community support and health services, and enhanced communication.
3. The government should partner with CSOs in implementing the measures.

Summary and Recommendations extracted from the Closing Session

Summary:

1. The EGM was well-organized, with sufficient time for presenters and discussions.
2. The follow-up is expected to be beneficial for everyone's personal and collective progress.

Recommendations:

1. It is recommended to compile the presentations into a book or summary to capture the rapid changes after the pandemic, explore the topic of the status of older persons in families from a modernization theory perspective, and address the challenges posed by the new population ageing situation, particularly in the context of a digital society, and update knowledge accordingly.
2. In future discussions, it is suggested that a series of topics be addressed. These topics include family policy, demographic change, and population ageing, which should be examined from a social policy perspective. Additionally, an intergenerational perspective on low fertility rates and their consequences, and housing policy which has a significant impact on elderly care and family dynamics should be explored as well.
3. It is emphasised that networking with scholars and collaboration with UN agencies are crucial for addressing emerging topics effectively.

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